ADMSEP 2019

June 20-22, 2019

Westin Portland Harborview
Portland, Maine

Association of Directors of Medical Student Education in Psychiatry

ADMSEP 2019 Annual Meeting Program

Contents

Welcome to the Annual ADMSEP Meeting

It is with great pleasure that I welcome you to Portland and the 2019 ADMSEP Annual Meeting! Our organization has grown tremendously over the last several years and we look forward to another informative and invigorating meeting. We have an outstanding program this year and I would like to especially thank our Program Chair, Erin Malloy, and Assistant Program Chair, Marty Klapheke, MD, for all their efforts in developing this superb program.

The keynote speaker, Jeffrey D. Karpicke, Ph.D., James V. Bradley Professor of Cognitive Psychology at Purdue University, whose work in the science of learning, particularly retrieval practice, is well known. His keynote address and question and answer session will be incredible additions to our program.

The remainder of the meeting is a mix of brief oral presentations, interactive workshops, and discussion groups. The topics run the gamut from active learning to multiple choice questions to interviewing skills and effective communication. There are workshops on effective use of social media and technology, how to get published, how to achieve work-life integration, etc. Our Toolkit for Early Educators is an entirely new program this year, so even if you've been before you should consider attending. With these and so many other offerings, I can guarantee that you will come away with new ideas and new knowledge relevant to your career.

ADMSEP is a community of people who are passionate about medical student education in psychiatry. While the academic offerings of the annual meeting are the main reason people come, we also value the networking and completely socializing aspects of the meeting. If you're not already a member of a committee or task force, consider attending the working lunch meeting for one of these on Friday. Come meet and share interesting ideas with people at the poster sessions and at our two evening banquets.

Establishing new friends, colleagues and collaborators is just as important as hearing about great ideas at the discussion groups or gaining skills through the workshops. Share a laugh with some of the seriously funny people who come to ADMSEP every year. The relationships I have made at ADMSEP have become my most valued advisors, confidantes, professional champions and friends. Learn and grow while you are here, but have fun while you're doing it!

I hope you have a great time at the meeting and look forward to meeting you if I haven't already.

Warmly,
Susan

Susan W. Lehmann, M.D.
President, ADMSEP

ADMSEP Mission Statement

The Association of Directors of Medical Student Education in Psychiatry is an organization of psychiatric educators dedicated to the education of medical students in the behavioral sciences and psychiatry. The Association was formed in 1975 when a small group of psychiatric educators met in Chicago to discuss undergraduate medical education. The mission of ADMSEP is to:

- Champion excellence in medical student psychiatric education
- Support, develop, and disseminate research and innovation in teaching methods, content, and evaluation
- Develop goals and objectives for medical student psychiatric education
- Foster the professional development and career satisfaction of medical student psychiatric educators
- Provide support, guidance, and resources to medical students considering a career in psychiatry
- Collaborate with other psychiatric and medical education organizations to pursue common interests

2019 Annual Meeting Goals

Educational Goal

To provide an update on current issues and innovative initiatives, methodologies and approaches to/in medical student education in psychiatry, in an environment of collegial sharing, support and inquiry.

Learning Objectives

By the end of the meeting, the attendee shall be able to:

- Design innovative methodologies of teaching medical students
- Apply the science of learning foundations to educational modalities
- Describe generational differences in medical education and apply that understanding to teaching
- Identify new approaches to faculty development
- Practice preparing scholarly work for publication using different research methodologies

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and Association of Directors of Medical Student Education in Psychiatry. The APA is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

The APA designates the ADMSEP 2019 Meeting for a maximum of 16 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME Credit & Program Evaluation

At the conclusion of the conference, physician participants will be provided with an opportunity to claim hours of participation and receive an official CME certificate by completing the online CME conference evaluation.

Go to **http://apapsy.ch/portland**
1. Click “Access Activity” and log in with your APA username and password or create a new account.

You must claim your CME credit within 60 days of the conference. For customer support, please email apalms@psych.org. Certificates will not be issued after August 22, 2019.

CERTIFICATE OF ATTENDANCE
Non-physician participants will have the opportunity to receive a certificate of attendance. At the conclusion of the conference, participants should complete the online conference evaluation at

http://apapsy.ch/portland

in order to print a certificate of attendance. Follow the instructions above, but select “Certificate of Participation” as your certificate type.

Target Audience

This activity is designed for psychiatrists, behavioral health providers, medical educators, administrative staff, residents and medical students.

Participant List

At the close of the meeting, a participant list will be sent to all who came to the meeting.

Future ADMSEP Meetings

June 18-20, 2020
Paradise Point Hotel & Spa
San Diego, California

2021: Pittsburgh, Pennsylvania
2022: Austin, Texas

Go to http://www.admsep.org/future_meetings.php for future meetings

Past ADMSEP Meeting Sites

1986 Congress Americana Hotel – *Chicago, Illinois*
1987 Marriott Hotel – *Denver, Colorado*
1988 Marriott Hotel – *Denver, Colorado*
1989 Hyatt Regency Hotel – *Minneapolis, Minnesota*
1990 Loews Ventana Canyon Resort – *Tucson, Arizona*
1991 Grove Park Inn – *Asheville, North Carolina*
1992 Loews Ventana Canyon Resort – *Tucson, Arizona*
1993 Banff Springs Hotel – *Banff, Alberta*
1994 Loews Ventana Canyon Resort – *Tucson, Arizona*
1995 El San Juan Hotel and Casino – *San Juan, Puerto Rico*
1996 Hotel Santa Fe – *Santa Fe, New Mexico*
1997 Fairmont Chateau Whistler – *Whistler, British Columbia*
1998 The Westin la Paloma – *Tucson, Arizona*
1999 Samoset Resort – *Rockport, Maine*
2000 Hotel Santa Fe – *Santa Fe, New Mexico*
2001 Fairmont Chateau Whistler – *Whistler, British Columbia*
2002 Sonesta Beach Resort – *Key Biscayne, Florida*
2003 Jackson Lake Lodge – *Jackson Hole, Wyoming*
2004 Ritz Carleton Montreal – *Montreal, Quebec*
2005 Monterey Plaza Hotel and Spa – *Monterey, California*
2006 Loews Annapolis Hotel – *Annapolis, Maryland*
2007 The Canyons Resort – *Park City, Utah*
2008 The Hotel Galvez - *Galveston, Texas*
2009 Sheraton Portsmouth—*Portsmouth, New Hampshire*
2010 Jackson Lake Lodge—*Jackson Hole, Wyoming*
2011 Hilton Savannah DeSoto—*Savannah, Georgia*
2012 Semiahmoo Resort—*Blaine, Washington*
2013 Williamsburg Lodge—*Williamsburg, Virginia*
2014 Keystone Resort—*Keystone, Colorado*
2015 Stoweflake Resort—*Stowe, Vermont*
2016 The Elms Hotel & Spa—*Excelsior Springs, Missouri*
2017 Hyatt Regency Tamaya Resort—*Santa Ana Pueblo, New Mexico*
2018 Minneapolis Hilton—*Minneapolis, Minnesota*
2019 Westin Portland Harborview – *Portland, Maine*

Keynote Speaker: Jeffrey D. Karpicke, Ph.D.

Jeffrey Karpicke is the James V. Bradley Professor of Psychological Sciences at Purdue University and is an expert on applying cognitive science to education. He received a B.A. in psychology from Indiana University in 2002 and a Ph.D. in psychology from Washington University in St. Louis in 2007. Karpicke's research sits at the interface between cognitive science and education, with a specific emphasis on the importance of retrieval processes for learning. The goal of Karpicke's research is to identify effective cognitive strategies that promote long-term learning and comprehension.

Karpicke's research has been funded by over $11 million in grants from the James S. McDonnell Foundation, the Institute of Education Sciences at the U.S. Department of Education, the National Science Foundation, and the National Institutes of Health. Karpicke's research is routinely covered in the media (e.g., The Chronicle of Higher Education, Newsweek, The New York Times, The Wall Street Journal). He is author of over 40 publications, including two papers published in *Science* magazine. Karpicke was the recipient of a National Science Foundation CAREER award and the Presidential Early Career Award for Scientists and Engineers (PECASE), the highest honor bestowed by the United States Government on science and engineering professionals in the early stages of their independent research careers.

Karpicke is also recognized as one of the top teachers at Purdue University. He has received four teaching awards at Purdue, including the Outstanding Undergraduate Teaching Award in Memory of Charles B. Murphy, the highest teaching award bestowed by the university. He is a Fellow of the Teaching Academy at Purdue University.

Karpicke is director of the Cognition and Learning Laboratory at Purdue University. The laboratory's website is http://learninglab.psych.purdue.edu/. You can reach Jeffrey Karpicke via email at karpicke@purdue.edu.

ADMSEP 2019 Meeting Schedule

Wednesday, June 19, 2019

5:00 – 9:00 PM	**ADMSEP Council Dinner & Meeting****	Marsden

Thursday, June 20, 2019

8:00 AM-12:00 PM	**ADMSEP Education Scholars Breakfast & Workshops*** Your Data Set: The Good, the Bad, and the Ugly *Catherine Lewis MD, University of Connecticut* Disseminating Your Research *Lisa Fore-Arcand EdD, Eastern Virginia Medical School* *Carol Tsao MD, JD, Medical College of Wisconsin*	Marsden
	Clerkship Admin Cert Program Breakfast* **Clerkship Administrators Certificate Program*** *Lindsey Allison MEd, Wright State University Boonshoft School of Medicine* *Elizabeth Weihe MA, University of Michigan Medical School*	Sara Orne Jewett
8:00 AM – 12:00 PM	**CSI Working Group**	
12:00-1:00 PM	**Break**	
1:00-5:00 PM	**Toolkit for Early Educators**	Winslow Homer Jr Ballroom
1:00-2:15 PM	Fostering a Foundation for Formative Feedback: As Easy As Alliteration? (..Probably a perfunctory presumption) *Omair Abbasi MD, Thomas Jefferson University Sidney Kimmel Medical College* *Abigail Kay MD, Thomas Jefferson University Sidney Kimmel Medical College*	
2:30-3:45 PM	What's Your Plan? Developing Goals, IDP's and Your Mentoring Network Erin Malloy MD, University of North Carolina SOM Gaurava Agarwal MD, Northwestern University Lindsey Pershern MD, UT Southwestern Med Ctr	
4:00-5:15 PM	Faculty Enhancing Speed Advising *Lindsey Pershern MD, UT Southwestern Medical Center* *Dawnelle Schatte MD, UT Medical Branch- Galveston* *Mary Jo Fitz-Gerald MD, Louisiana State Health Sciences Center Shreveport* *Melissa Martinez MD, UT Hlth Sci Ctr at San Antonio* *Don Hilty MD, Northern California VA & UC Davis* *Erin Malloy MD, University of North Carolina School of Medicine*	
4:00 – 5:30 PM	**Committee/TF Chair Boot Camp****	Hawthorne
5:30 – 6:00 PM	**ADMSEP Orientation & Welcome to Meeting**	Winslow Homer Jr Ballroom
6:00 – 7:00 PM	**Reception & Poster Session**	Eastland Ballroom
7:00 – 10:00 PM	**Welcome Banquet**	Eastland Ballroom

*Closed Session: Required pre-registration application and/or registration fee

**Executive Council sessions

Friday, June 21, 2019

7:00 – 7:45 AM	**Breakfast – Networking Time for SIGs**	Eastland Ballroom
8:00 – 9:00 AM	**KEYNOTE ADDRESS** Retrieval-Based Learning: Active Retrieval Promotes Meaningful Learning *Jeffrey D Karpicke PhD, Purdue University*	Eastland Ballroom
9:00-9:15 AM	**Break**	
9:15 – 10:15 AM	**Plenary I: Generations in Medical Education** (Moderator: Kirsten Wilkins MD) Towards a Positive Learning Environment: Strategies to Bridge the Generation Gap in Medicine *Judith Lewis MD, University of Vermont Larner College of Medicine* *Gary Beck Dallaghan PhD, University of North Carolina School of Medicine* *Charmaine Patel MD, Eastern Maine Medical Center* *Nathalie Feldman MD, University of Vermont Larner College of Medicine*	Eastland Ballroom
10:15 – 11:00 AM	**ADMSEP General Business Meeting**	Eastland Ballroom
11:00 - 11:15 AM	Break	
11:15– 12:30 PM	**Concurrent Workshops I**	
	Optimizing Your Leadership Style *Lindsey Pershern MD, University of Texas Southwestern Medical Center* *Dawnelle Schatte MD, UT Medical Branch- Galveston* *Rachel Russo MD, University of Texas Southwestern Medical Center*	Hawthorne
	Millennials: Considerations for Psychiatric Education *Brenda Roman MD, Wright State University Boonshoft School of Medicine* *Ruth Levine, MD, University of Texas Medical Branch; Gary Beck Dallaghan PhD, University of North Carolina School of Medicine* *Nicole Borges PhD, University of Mississippi School of Medicine*	Longfellow
	Setting an Overall Pass/Fail Standard for a Clerkship *David Schilling MD, Loyola Stritch School of Medicine* *Michael Marcangelo MD, University of Chicago Priztker School of Medicine*	Rines A
	"I Thought You Wanted to Practice Real Medicine": Dealing with Microaggressions in Medical Education *Shinnyi Chou MD, University of Pittsburgh* *Dana Raml MD, University of Nebraska College of Medicine* *Linda Love EdD, University of Nebraska College of Medicine* *Sheritta Strong MD, University of Nebraska College of Medicine* *Laura Flores MD, University of Nebraska College of Medicine*	Rines B

	Preceptors Behaving Badly: Who Provides the Corrective Feedback and How? *Callie Langenderfer BS, Michigan State University* *Jamie Fairstone , Dartmouth-Geisel School of Medicine* *Suzanne Kodya MA, Allegheny Health Network-Allegheny General Hospital* *Aaron Plattner MD, Michigan State University*	Winslow
	Retrieval-based Learning Discussion *Jeffrey D Karpicke PhD, Purdue University*	Eastland Ballroom
12:30 – 1:45 PM	**Lunch - Committee/Task Force Meetings**	Eastland Ballroom
	Awards Committee	Eastland Ballroom
	CSI Committee	Longfellow
	Clerkship Administrators Committee	Rines A
	Faculty Development Committee	Rines B
	Membership Committee	Winslow
	Research Committee	Hawthorne
	Global Mental Health Task Force	Eastland Ballroom
2:00 – 3:15 PM	**Plenary II: Brief Oral Presentations** (Moderator: Dawnelle Schatte MD) Where Is My Mind?: A Longitudinal Curriculum Using Music and Art to Teach Psychodynamic Concepts (Russell Pizzo; Sergio Hernandez MD) Model of Split Development in Medical School and Residency: A Novel Use of Developmental Theory in Student and Resident Advising (*Austin Butterfield MD)* "Shaking in Their Scrub"s: Helping Medical Students Overcome Fears of Public Speaking (*Victoria Kelly MD)* Protecting Our Fawns from Wolves: Developing a Training to Educate Medical Students about Identifying Risks and Managing Agitated Patients (*Suzanne Kodya MA)* When Bad Things Happen: Medical Student Curriculum on the Aftermath of Adverse Events (*Eva Waineo MD)* Pop Culture and Psychiatry (*Dana Doctor MD)* Swimming Upstream: Incorporating Social Determinants, Structural Competency and Physician Advocacy into the Clerkship Curriculum (*Matthew Goldenberg MD)*	Eastland Ballroom
3:15 – 7:00 PM	**Break time**	
7:00 – 8:00 PM	**Reception & Formal Poster Session**	Eastland Ballroom
8:00 – 10:00 PM	**Dinner**	Eastland Ballroom

Saturday, June 22, 2019

6:45 – 7:45 AM	**Executive Council Breakfast****	Marsden
7:00 – 8:15 AM	**Breakfast**	Eastland Ballroom
8:15 – 8:30 AM	**Break**	
8:30 – 9:30 AM	**Plenary III: Brief Oral Presentations** (Moderator: Guarava Agarwal MD) Faculty Development Towards Standardized Assessment of Medical Student Interview Skills (*Kathlene Rishel MD)* Psychotropic Medication Informed Consent Role Playing: A Life-long, Cross-specialty Skill Builder (*Kelly Cozza MD)* Teaching Psychiatric Emergencies Using Simulation (*Silvina Tonarelli MD)* Aligning Formative and Summative Simulation Assessments in Order to Enhance Experiential Learning (*Timothy Kreider MD PhD)* UNC Psychiatry Clerkship Transformations: The Importance of Continuity in the Tutoring Program (*Mary Weinel MD)*	Eastland Ballroom
9:30 – 9:45 AM	**Break**	
9:45 – 11:00 AM	**Concurrent Workshops II**	
	Finding Opportunities in Qualitative Research: Framing Your Medical Education Research Question *Gary Beck Dallaghan PhD, University of North Carolina School of Medicine* *Benjamin Griffeth MD, University of South Carolina SOM* *Catherine Lewis MD, University of Connecticut Health Center* *Richard Balon MD, Wayne State University* *Mary Morreale MD, Wayne State University* *Jeffrey Rakofsky MD, Emory University* *Rachel Russo MD, UT Southwestern*	Hawthorne
	Bringing Your Ideas to Life: A Primer for Developing an Electronic Learning Module *Derrick Hamaoka MD, Uniformed Services University* *Daniel Gih MD, University of Nebraska* *Mary Steinmann MD, University of Utah*	Longfellow
	A Beginner's Guide to Your Professional Twitter Account: To Tweet or Not to Tweet; That Is An Important Question *Sheritta Strong MD, University of Nebraska Medical Center* *Donald Hilty, MD, North California VA & UC Davis* *Linda Love EdD, University of Nebraska Medical Center* *Gary Beck Dallaghan PhD, University of North Carolina School of Medicine* *Laura Flores MD-PhD student, University of Nebraska Medical Center* *Brenda Roman MD, Wright State University Boonshoft School of Medicine* *Susan Lehmann MD, John Hopkins School of Medicine* *Howard Liu MD, University of Nebraska Medical Center*	Rines A

	Using a Growth Mindset: Learning from Failure to Improve Medical Education *Brenda Roman MD, Wright State University Boonshoft School of Medicine* *Linda Love EdD, University of Nebraska Medical Center* *Jonathon Sikorski PhD, University of Nebraska Medical Center*	Eastland Ballroom
	Teaching the Teacher: Methods for Instructing Preceptors in Giving Effective Feedback *Sharon Hammer MD, University of Nebraska Medical Center* *Howard Liu MD, University of Nebraska Medical Center* *Adriana Foster MD, Florida International University* *Ellen Gluzman MD, Temple University*	Winslow
	Connecting and Actively Engaging Clerkship Students through Synchronous, Technology-supported, Team-based Learning in a Distributed Campus Model *Furhut Janssen MD, Central Michigan University College of Medicine* *Daniel Griffin PhD, Dr. Kiran C Patel College of Medicine Nova Southeastern University* *Kai Anderson MD, Central Michigan University College of Medicine* *Mike Molter MSA, Central Michigan University College of Medicine*	Rines B
11:00 – 11:15 AM	**Break**	
11:15 – 12:30 PM	**Concurrent Workshops III**	
	Moving Up, On or Out: Life after Director of Medical Student Education in Psychiatry *Michael Marcangelo MD, University of Chicago Priztker School of Medicine* *Gaurava Agarwal MD Northwestern University The Feinberg School of Medicine* *Ruth Levine MD, University of Texas-Medical Branch Galveston* *Howard Liu MD, University of Nebraska Medical Center* *Erin Malloy MD, University of North Carolina School of Medicine*	Rines B
	Discussion Panel: Grading Clerkship Students (Moderator: Nutan Vaidya MD) Grade Appeals: Generational Problem Grade Inflation or Higher Stakes? *Rachel Russo MD, University of Texas Southwestern Medical Center* *J. Kathlene Trello-Rishe MD, University of Texas Southwestern Medical Center* *Ye Beverly Du MD, Baylor College of Medicine* *Dawnelle Schatte MD, University of Texas Medical Branch Galveston* To Be Fair or Not to Be Fair? That Is the Question for Modern Clerkship Grading *Deborah Dellmore MD, University of New Mexico*	Eastland Ballroom

	Justin Bullock MPH, University of California, San Francisco School of Medicine *Cindy Lai MD, University of California, San Francisco School of Medicine* *Tai Lockspeiser, MD, MHPE, University of Colorado School of Medicine*	
	Discussion Panel: Interprofessional Education (Moderator: Tamara Gay MD) Developing a Meaningful Behavioral Health Interprofessional Education Course *Shelley Holmer MD, Duke University School of Medicine* *Andrew Muzyk PharmD, Duke University School of Medicine,Campbell University College of Pharmacy and Health Sciences* *Charles Sanders, RN,BSN, NC-BC, MAPPCP, Duke Univeristy School of Nursing* Addressing Interprofessional Education Competencies with Flexible Curriculum Design *Dusti Annan MD, Medical University of South Carolina* *Jeffrey Borckardt PhD, Medical University of South Carolina* *Mary Mauldin EdD, Medical University of South Carolina* *Holly Wise PhD, Medical University of South Carolina*	Winslow
	You Can Have It All, You Just Can't Have It All, All of the Time: Making Strategic Decisions for Your Academic Career *Brenda Roman MD, Wright State University Boonshoft School of Medicine* *Gary Beck Dallaghan PhD, University of North Carolina School of Medicine* *Sheritta Strong MD, University of Nebraska Medical Center*	Hawthorne
	HELP! Hands-on Learning Tools for Clerkship Administrators *Callie Langenderfer BS, Michigan State University* *Heather McLaughlin BA, Drexel University* *Celeste Thompson-Roach BA, Brown University*	Longfellow
12:30-1:00 PM	**ADMSEP 2019 Meeting Debrief**	Eastland Ballroom
1:15 – 2:00 PM	**ADMSEP Council Meeting****	Rines A

**Executive Council sessions

Education Scholars Program

Your Data Set: The Good, The Bad and the Ugly

Catherine F. Lewis MD, University of Connecticut

Background: Educational research is critical to the advancement of academics. While case reports and descriptive papers are of great value, data driven work is gaining importance in the field. In many instances, there is scant opportunity for educators to gain knowledge about statistics or how to run analysis. Often the task is turned over to a statistician collaborator. While this collaboration can be fruitful, it limits the investigator's true ability to examine their data and, perhaps discover interesting findings that they wish to further explore. The advancement of computer software has made programs such as SPSS and EXCEL much more user friendly to the non-statistician. The will enable an increasing number of educators to start analyzing their own data and appreciating fully its value and potential.

Description: This workshop will begin with a review of the goals of educational research. "The Good, The Bad and the Ugly" will be discussed for both qualitative and quantitative research. "The Hope" for both types of research will also be discussed. Strategies for presenting both qualitative and quantitative data will be discussed. Finally, basic statistics will be reviewed. Types of variables, types of errors, tests of association, and caveats will be presented. Examples from both qualitative and quantitative studies will be presented to the audience and the audience will be asked to problem solve/strategize how to assess the data.

Conclusion: Analyzing data often seems a daunting task to MDS. New programs and resources render the process attainable and rewarding for those conducting educational research.

Educational Objectives: At the end of the session, the participants will be able to: 1. Identify different types of variables and how to perform analysis on them. 3. Identify strengths and limitations of qualitative data. 4. Identify strengths and limitations of quantitative data.

References

1. Coverdale JH, Roberts L, Loui Q, Beresin E: Writing the Methods. Academic Psychiatry 2006 Sept-Oct 230(5): 361-364.
2. Turner TL, Balmer DF, Coverdale JH: Methodologies and Study Design Relevant to Medical Education Research. International Review Psychiatry 2013 June 25(3): 301-310.

Disseminating Your Research

Lisa Fore-Arcand EdD, Eastern Virginia Medical School
Carol Tsao MD, Medical College of Wisconsin

Disseminating your research findings to others in the field is critical. Your research findings are only useful if they can be accessed and understood by the target audience. In this session participants will learn to develop a dissemination plan, taking into account the needs of the target audience and to incorporate strategies to make their dissemination effective.

Participants will also learn some general writing guidelines as well as strategies for developing research summary documents and posters as a visually appealing method to disseminate findings to a broad audience. Participants will be emailed articles to read prior to this workshop and be prepared to discuss with the group. Participants will also be given worksheets and guides to assist in developing their research plan and implementing it.

Objectives:

At the conclusion of this educational activity participants will be able to:

-Design a research dissemination plan

-Identify the target audience for the research dissemination

-Identify the potential venues for the publication or presentation of their particular research findings

-Recognize strategies to develop visually appealing posters or slides for presenting their research findings.

Clerkship Administrator Certificate Program

Part 1: Embracing Your Leadership Potential

Lindsey Allison MEd, Wright State University
Beth Weihe MA, University of Michigan

Curriculum administrators bring skills from a wide spectrum of specialties and experiences. Understanding how these strengths contribute to expertise enhances your work. Using one's particular strengths to build and enhance relationships with the many different constituencies with which one interacts is fundamental to success in this field. Articulating course goals and the expectations placed on students, residents and faculty, as well as approaching issues pertaining to confidential or sensitive issues in a professional manner necessitates utilization of advanced communication skills. At the conclusion of this workshop, you will

- Identify the level at which you are a leader in medical education
- Correlate your mission with the core purpose of your clerkship
- Describe the importance of emotional intelligence and its role in leadership
- Develop strategies for using emotional intelligence to achieve desired outcomes in critical conversations

Part 2: From Theory to Practice

Lindsey Allison MEd, Wright State University
Beth Weihe MA, University of Michigan

Leaders in today's complex educational organizations must be able to articulate a vision of future direction, build high levels of trust and create a sense of community. The utility of mission, vision and value statements in functional organizations is tantamount to success in today's work environment and your personal mission, vision and values must be concordant with others in your organization.
Understanding the dichotomy of the institutional culture with your personal mission and values is a key factor in being able to successfully achieve personal and organizational goals. At the conclusion of this workshop you will

- Articulate your personal mission;
- Correlate your passions with your mission;
- Describe the relationship of your personal mission, vision and values in light of the institution's

Part 3: Career Development Project

Lindsey Allison MEd, Wright State University
Beth Weihe MA, University of Michigan

To enhance yourself as a leader in medical education, continued professional development is key. Therefore, to complete the certificate program you will need to undertake a project, which could be automating evaluations, researching the effectiveness of changes in the curriculum, etc. This will be further discussed during the program.

THURSDAY, JUNE 20, 2019

Fostering a Foundation for Formative Feedback: As Easy As Alliteration? (..Probably a Perfunctory Presumption)

Omair Abbasi MD, Thomas Jefferson University Sidney Kimmel Medical College
Mitchell Cohen MD, Thomas Jefferson University Sidney Kimmel Medical College

Background:
Providing timely and appropriate feedback is one of the major tenets of LCME standards for medical schools. Yet time and again, there are barriers to providing feedback - some due to external forces (limitations in setting and timing) and some due to internal conflicts(delivery of feedback, student receptiveness and satisfaction with feedback, etc).
Objectives:
1) Compare Mastery Approach orientation versus Performance Approach orientation in Goal Orientation Theory 2) Discuss methods to foster one type of goal orientation versus another and how it may aid in providing feedback 3) Review advanced feedback techniques that may aid in providing mutually satisfactory and informative feedback sessions for both student and preceptor
Format: This presentation will look at issues with feedback starting from the inside out. Participants will take a moment to reflect on forces that drive them as attending physicians to succeed in their respective fields and how those forces may have changed as they transitioned from medical school, to training, to academic practice. Participants will then be introduced to the concepts of “Goal Orientation Theory” and the difference between “Mastery Approach”orientation versus “Performance Approach”orientation along with the strengths and weaknesses of both. Using this concept, participants will discuss methods in which one can actually foster one type of orientation over another on their clinical services and how they may be able to train other faculty members to do the same. Being able to reflect on and change the goal orientation of yourself and your students may not only lessen the internal conflict of providing “good feedbackâ€, but may also help your students be more receptive to the feedback they receive. After this foundation is set, participants will be introduced to advance feedback techniques that go beyond the “feedback sandwich”method - not only allowing participants to provide accurate, timely feedback to students performing at a variety of levels but to also foster student self-reflection and active participation in formulating the feedback they receive allowing them to take forward appropriate motivations for lifelong learning.
References:
Bing-You, R. G., & Trowbridge, R. L. (2009). Why medical educators may be failing at feedback. JAMA: The Journal of the American Medical Association, 302(12), 1330-1331. Cook, D. A., & Artino, A. R., Jr. (2016). Motivation to learn: an overview of contemporary theories. Medical Education, 50(10), 997-1014. Dahling, J. J., & Ruppel, C. L. (2016). Learning goal orientation buffers the effects of negative normative feedback on test self-efficacy and reattempt interest. Learning and Individual Differences, 50, 296-301.

What’s Your Plan? Developing Goals, IDP’s and Your Mentoring Network

Erin Malloy MD, University of North Carolina SOM
Gaurava Agarwal MD, Northwestern University
Lindsey Pershern MD, UT Southwestern Medical Center

Background:
Challenges in maintaining clinical knowledge/skills, learning and implementing curricular changes and instructional innovations, and growing importance of administrative and leadership skills, leaves little room for attention to career development. Mentoring in academic medicine is valued (1,2,3) and contribute to research productivity (1) and promotion and retention (4), but the evidence base is not strong (1). Application of faculty resources such as Individual Development Plans (IDP’s) (5) and mentoring

maps (6) offer ways for faculty to take ownership of their career development in setting goals and best utilization of resources to achieve them. The UNC Center for Faculty Excellence developed a highly-received workshop for new faculty in summer 2018, introducing faculty to goal-setting, IDP's, identifying potential mentors and support network to help them succeed. Drs. Agarwal, Pershern and Malloy have adapted this workshop to meet the needs of academic psychiatry faculty.

Objectives:

The deliverables for this workshop: 1. Create an Individual Development Plan Framework 2. Draft at least 1 SMART goal related to professional development for upcoming academic year 3. List steps in making mentoring relationships work from mentee perspective 4. Draft a Developmental Network Map

Methods:

This workshop utilizes hands-on learning, active learning techniques (Think-Pair-Share, Small group), and time to work on above deliverables. Participants will use a workbook with key points, learning activities, and IDP and Kram and Higgins Developmental Network Map as a tool.

Format: Introductions/Elevator Speech: (5 minutes): participants practice delivering a 2-minute synopsis of their work to a colleague. IDP's (15 minutes): basic framework, steps for Individual Development Plan introduced. Groups of 2-4 discuss application to their role(s) for best fit. SMART Goals: (20 minutes) Participants craft 3 SMART goals related to professional development and review with a peer or small group. "Mentoring Up": interactive group discussion using whiteboard/easel charts. Groups identify features of ideal mentors, challenges, and ways mentees can optimize mentoring relationships (15 minutes). Developmental Network Map: (20 minutes) builds from "Mentoring Up" with need for network of developers instead of one mentor. Participants fill in personal Developmental Network Map

References:

1 Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systematic review. JAMA. 2006;296(9):1103-1115 (doi:10.1001/jama.296.9.1103). 2 Illes J, Glover GH, Wexler L, Leung AN, Glazer GM. A model for faculty mentoring in academic radiology. Acad Radiol. 2000;7:717-724 . erratum ap- pears in Acad Radiol. 2000;7:959. 3 Wingard DL, Garman KA, Reznik V. Facilitating faculty success: outcomes and cost benefit of the UCSD National Center of Leadership in Academic Medicine. Acad Med. 2004;79(10 suppl):S9-11. 2006. 4 Benson CA, Morahan PS, Sachdeva AK, Richman RC. Effective faculty preceptoring and mentoring during reorganization of an academic medical center. Med Teach. 2002;24:550-557. 5 Tasker F. How to prepare a personal development plan. BMJ 2015;351:h4603. 6 Higgins MC, Kram KE. Reconceptualizing mentoring at work: A developmental network perspective. Academy of Management. The Academy of Management Review; Apr 2001; 26, 2; ABI/INFORM Global pp 264-288.

Faculty Enhancing Speed Advising

Lindsey Pershern MD, University of Texas Southwestern Medical Center
Dawnelle Schatte MD, UT Medical Branch- Galveston
Mary Jo Fitz-Gerald MD, Louisiana State Health Sciences Center Shreveport
Melissa Martinez MD, University of Texas Health Science Center at San Antonio
Don Hilty MD, Northern California VA & UC Davis
Erin Malloy MD, University of North Carolina School of Medicine

Background:

Mentorship is vital to academic and professional development, and the annual meeting is an opportunity for educators at all levels of their careers to brainstorm and network with other educators. Early career faculty or those who are new in their respective teaching/administrative roles, have many needs: career development, do's and don'ts for promotions, aligning individual with departmental goals, and technical/specific skills (e.g., writing for publication, teaching skills). One model for providing effective and efficient group mentorship is the speed advising model. In this model, larger numbers of faculty can be exposed to mentors in key faculty development areas. The benefits of this brief, but focused discussion include: 1) aligning interests between mentor and mentee group; 2) exposure to mentoring topics from

which participants can seek more development; and 3) facilitator assessments of needs for future initiatives.
Objectives:
By the end of this workshop, attendees will be able to: - Reflect on faculty development needs, - Prioritize next steps and how to proceed, and - Consider options for future mentorship within ADMSEP and at their home institution.
Methods: This workshop will use facilitated individual reflection, small and large group discussion to explore mentorship needs (e.g., use a one-page take home lesson plan). Mentors at topic-specific tables will be prepared with content and resources (i.e., tip sheets, resource handouts), but will focus content on individual needs of participants at their table in every 10 min time period.
Format: 5 min- Introduction to the format and table topics 5 min - Attendees will complete a self-reflection worksheet to identify mentorship needs. 55 min - Attendees will rotate between five tables for ten minutes each. Mentors at each table to respond to needs of attendees present and provide overall content on their topic. Mentorship table topics: - Developing a mentorship relationship - Improving educational scholarship - Time management strategies - Effectively leading a team - Considering your promotion - “You tell us!” - open topic/needs assessment 10 min - Large group discussion, questions, conclusions
References:
Aylor, M., Cruz, M., Narayan, A., Yu, C. C., Lopreiato, J., Mann, K. J., . . . Spector, N. D. (2016). Optimizing Your Mentoring Relationship: A Toolkit for Mentors and Mentees. MedEdPORTAL, 12:10459. Serwint, J., Cellini M., Spector N., Gusic M., The Value of Speed Mentoring in a Pediatric Academic Organization: Research in Pediatric Education and Professionalism Development. Academic Pediatrics. (2014) 4: 335-340 Steinert Y, Naismith L, Mann K. Faculty development initiatives designed to promote leadership in medical education. A BEME systematic review: BEME Guide No. 19. Med Teach. 2012;34(6):483-503. doi: 10.3109/0142159X.2012.680937.

Keynote Address

Retrieval-Based Learning: Active Retrieval Promotes Meaningful Learning

Jeffrey D. Karpicke PhD; Purdue University

Recent advances in the cognitive science of learning have important implications for instructional practices at all levels of education. For example, cognitive research has identified one strategy that promotes complex learning called *retrieval practice*: Practicing actively reconstructing one's knowledge while studying has potent effects on long-term learning. Yet when students monitor and regulate their own learning, they often choose to engage in inferior strategies like repetitive reading, and the ultimate consequence is poor learning. This talk provides an overview of our research program on retrieval-based learning. In recent work, we have extended retrieval practice to meaningful learning of complex educational materials, converted existing classroom activities into retrieval-based activities, and developed new computer-based learning methods for implementing retrieval-based learning. Incorporating retrieval practice into educational activities is a powerful way to enhance learning.

Objectives:

At the conclusion of this talk, attendees will:

1. Know the most common study strategy used by college students, know why it does not work, and know how to guide students not to use it
2. Be able to describe how retrieval practice can be used as an effective learning strategy
3. Have a toolkit of possible ways to implement retrieval-based learning techniques

Plenary Session I

Towards a Positive Learning Environment: Strategies to Bridge the Generation Gap in Medicine

Judith Lewis MD, University of Vermont Larner College of Medicine
Gary L Beck Dallaghan PhD, University of North Carolina School of Medicine
Charmaine Patel MD, Eastern Maine Medical Center
Nathalie Feldman MD, University of Vermont Larner College of Medicine

Background: Despite increased awareness of the problem of medical student mistreatment, national rates have not dropped(1). Institution-wide, multi-pronged, and sustained efforts are necessary to address this intransigent problem, however there are few successful models described in the literature. This is, in part, because the concept of learner mistreatment is nuanced, multi-faceted, and susceptible to multiple interpretations. To improve the learning environment, we believe learners and teachers must learn to radically empathize with, and appreciate the strengths of, the "other" in order to move beyond their preconceptions and defensive positions. All stakeholders would benefit from an enhanced understanding of how the rapid changes medicine (both the manner in which it is practiced and taught) and trait differences between generations, interact with hierarchical dynamics to impact behavior in the learning environment.

Objectives: After participating in this session, participants will be able to:

- Name several common challenges encountered by faculty and staff in the clinical training of medical students.
- List 4 historical changes in medicine/medical education and 4 generational differences which may contribute to the above challenges.
- Access reference material and curricular resources to combat mistreatment at their institution.

Methods: Presenters will describe the University of Vermont mistreatment prevention curriculum that uses two brief, high quality films to portray the perspectives of learners (Film#1) and of teachers/staff (Film #2) (2) to illustrate and stimulate discussion about learner mistreatment and other challenges encountered in the learning environment. Dr. Beck Dallaghan will then present the historical context and generational data from his recent book "Generational Gaps in Medicine" (3) which contributes to the problem of mistreatment. The second half of the presentation will be a screening of Film #2 and a demonstration of the associated curriculum via audience discussion.

References:

1. AAMC Graduation Questionnaire 2018 All Schools Summary Report July 2018 pg. 3. https://www.aamc.org/data/gq 2. Film # 2 Perspective of teachers/staff (7 min) https://vimeo.com/180677853, Password: UVMFilms 3. Talmon GA, Beck Dallaghan GL (eds). Mind the Gap: Generational Differences in Medical Education. Syracuse, NY: Gegensatz Press, 2017.

Plenary Session II

Where Is My Mind?: A Longitudinal Curriculum Using Music and Art to Teach Psychodynamic Concepts

Russell Pizzo, Jacobs School of Medicine, SUNY at Buffalo
Sergio Hernandez MD, Jacobs School of Medicine, SUNY at Buffalo

Background: Little has been written regarding how best to teach Psychodynamic Psychodynamic psychotherapy concepts to medical students. Some have questioned whether educators should even bother with these topics in the face of "high yield" topics such as diagnosis and treatment. Other educators have suggested that there is still an importance in educating students on these topics. As you will see, I decidedly fall into the second group. With the continued medicalization of Psychiatry as a specialty, many students walk away from the Psychiatry rotation with a sense that patients are reduced to various checklists and mnemonics. This is a tragedy, particularly since one of the strengths of Psychiatry as a specialty has been the ability to see patients in complicated, nuanced ways within the context of their equally complex, fallible, human lives. To combat this trend I have created a multimedia Psychodynamic curriculum beginning in the second year of medical school and extending into the third year.

Objectives: At the end of this presentation participants will be able to: -Describe how art and music can be used to teach psychodynamic concepts -Explain the importance of teaching psychodynamic concepts to medical students -Demonstrate how core psychodynamic concepts can be taught without use of jargon

References:
Bacon, Francis. Painting. 1946. Chagall, Marc. The Couple of the Eiffel Tower Freud, Lucian. Self Portrait with Children Freud, Lucian. Large Interior, London, W9 Richter, Gerhard. Betty 1977 Swift, Taylor. Blank Space Van Gogh, Vincent. Portrait of Dr. Gachet

Model of Split Development in Medical School and Residency: A Novel Use of Developmental Theory in Student and Resident Advising

Austin Butterfield MD, University of Colorado
Kim Kelsay MD, University of Colorado
Cassidy McNitt MD, University of Colorado
Noa Heiman PhD, University of Colorado

Background: The structure of training physicians is as dedicated to acculturation as it is to knowledge acquisition and skills-building in North America. However, little has been written about the individual developmental processes that influence how trainees experience the process of becoming a physician. The structure of medical school and residency mimics earlier developmental stages of life. Challenges related to identity formation/reformation and acculturation can contribute to burnout, depression, anxiety and oppositionality. The authors of this exercise propose that the structure of the learning environments so strongly mirrors earlier stages of development that the environment itself imposes developmental regressions. This forces each trainee to "split" their developmental trajectory between their life outside of medicine and within the culture of medicine. Understanding the process of the forced developmental split can empower educators to more effectively support their trainees and intervene for struggling learners.

Objectives: 1. Review Erikson's Psychosocial Developmental Stages with their associated tasks 2. Conceptualize a cohesive model of development for medical training from preclinical years through graduation from residency/fellowship 3. Explore different stages of medical training as structurally-promoted developmental regressions to specific stages of earlier development 4. Discuss impact of the physician developmental stages on well-being and performance 5. Practice application of this developmental theory in understanding/supporting individual trainees, particularly struggling learners

References:
Heiman N, Davis R, Rotherberg B, A deeper understanding of depression and suicidality among medical students. Med Teach, 2018: p. 1-3. Knight, Z.G., A proposed model of psychodynamic psychotherapy linked to Erik Erikson's eight stages of psychosocial development. Clinical Psychol Psychother, 2017. 24(5): p. 1047-1058. Landes, S.D., et al., Childhood adversity, midlife generativity, and later life well-being. J Gerontol B Psychol Sci Soc Sci, 2014. 69(6): p. 942-52.

"Shaking in Their Scrub"s: Helping Medical Students Overcome Fears of Public Speaking

Victoria Kelly MD, University of Toledo
Nathan Massengill MD, University of Toledo
Meghana Medavaram MD, University of Toledo
Sheritta Strong MD, University of Nebraska
Chandani Lewis MD, University of Toledo

Background: Medical Students are routinely expected to competently present in public-speaking situations during their clinical years [1,3,4]. These skills are part of the LCME core competencies: PBL-5,6 (Practice Based Learning and Improvement), PB-3 (Professionalism), and IPC-1,2 (Interpersonal and Communications Skills)[2]. However, medical schools vary in the methods of preparation for students regarding this aspect of clinical rotations. A concise oral presentation requires a knowledge of the needs of the audience (i.e. attendings), public speaking strategies, self-reflection, and the ability to integrate feedback to improve future performance. Didactic sessions are also an opportunity for medical students to display professionalism and knowledge, which requires the same level of clarity and organization as an oral presentation. Psychiatrists have a unique opportunity to educate, assess, and provide feedback for all medical students. This workshop will introduce an approach to educating medical students during the transition from pre-clinical to clinical years that attendees can implement at home institutions. Focusing on the public speaking aspects of presentations while allowing a safe environment to practice presentation skills will transform these anxiety-provoking situations into productive instruction.

Objectives: 1. Discuss the various situations a medical student encounters that require the skills of public speaking. 2. Understand how providing medical students with structured guidance regarding presentation skills addresses medical school core competencies. 3. Provide constructive feedback effectively to medical students in order to improve their academic performance.

References
1. Firth, Jenny. "Levels and Sources of Stress in Medical Students." British Medical Journal. 3 May 1986. Vol 292. pp 1177-1180. 2. "Core Competencies Required for Graduation." University of Toledo College of Medicine and Life Sciences 2015. 2015. 3. Moss, F., McManus, I. "The Anxieties of New Clinical Students." Medical Education. 1992. Vol 6. Issue 1. pp 17-20. 4. Foster-Williams, K., Gordon, A., Williams-Brown, S. "An Assessment of Stress Among Clinical Medical Students of the University of the West Indies, Mona Campus." The West Indian Medical Journal. 1996. Vol 45. Issue 2. pp 51-54.

Protecting Our Fawns from Wolves: Developing a Training to Educate Medical Students about Identifying Risks and Managing Agitated Patients

Suzanne Kodya MA, AHN-Allegheny General Hospital
Tina Reiter DO, AHN-Allegheny General Hospital

Background: Patient aggression is not just a psychiatric unit problem, but rather an epidemic throughout the hospital setting. In our survey, 22% of medical students reported having been verbally or physically assaulted by patients prior to their psychiatry clerkship (1). Inexperience, naivety, and varied clinical settings are all factors that can contribute to medical students' failing to recognize risk which, consequently, leaves them susceptible to verbal/ physical assault. Prior to their psychiatry clerkship, 36.7% of our medical students reported having no crisis management education and 35% acknowledged having

had a training lasting 30 minutes or less (1). After participating in our crisis management/safety presentation, medical students listed significantly more risk factors and de-escalation methods and reported significant increases in their confidence assessing patient risk for violence and in deescalating agitated patients.

Objectives: (1) Present rates of medical students reporting being victims of patient aggression and recognize factors making medical students uniquely vulnerable to verbal/physical assault (2) Understand the rationale for medical students learning de-escalation skills and safety techniques (3) Discuss what should be included when developing crisis management trainings, barriers to implementation, and strategies for incorporating similar trainings into the curriculum and the larger clinical context

References:
(1) Kodya, S., & Reiter, T. (2018). [Medical student survey]. Unpublished raw data.

When Bad Things Happen: Medical Student Curriculum on the Aftermath of Adverse Events

Eva Waineo MD, Wayne State University School of Medicine
Swapna Musunur MD anticipated in 2020, Wayne State University School of Medicine
Edward Walton MD anticipated in 2019, Wayne State University School of Medicine
Kathryn Deeds MD anticipated in 2019, Wayne State University School of Medicine

Background: Adverse Events (AE) are a concern for trainees and an important concept to address early in student education (1). A recent medical student study found strong interest in curricula on this topic (2).

Objectives: Appreciate the professional and personal impact of AE on medical students Describe effect of a 1 hour curriculum intervention on preclinical students Discuss how medical schools could better prepare students to continue to thrive after AE

References:
1. M Fischer, K Mazor, J Baril, E Alper, D DeMarco, M Pugnaire, Learning from Mistakes Factors that Influence How Students and Residents Learn from Medical Errors, J Gen Intern Med. 2006 May; 21(5): 419-423. 2. S Scott, L Hirschinger, K Cox, The natural history of recovery for the healthcare provider “second victim” after adverse patient events, Qual Saf Health Care 2009;18:325-330.

2019 ADMSEP Trainee Travel Award Recipient

Pop Culture and Psychiatry

Dana Doctor MD, University of North Carolina Hospitals
Kenan Penaskovic MD, UNC School of Medicine
Gary Beck Dallaghan PhD, UNC School of Medicine
Lauren Marino MD, UNC Hospitals
Mark Goodman MD, UNC Hospitals

Background: In recent years, medical schools across the country have begun redesigning curriculum structure and content. While the basic science and physiology content remain predictable components of these courses, the needs and resources of learners are ever-changing. 1,2 One advantage of today’s generation of students is the accessibility and utilization of the Internet. Educational advancements, however, are lagging behind the growth of technology. To address this, we attempt to bridge the gap between the behavioral science curricula and media by utilizing short video clips to demonstrate psychiatric concepts and illnesses.

Objectives: The Internet can provide a tremendous amount of clinical utility, particularly with an audience of “Millennials” whose lives are powered by technology.3 Our project used short video clips to complement a variety of psychiatric lecture topics. We hoped this innovation would add a humanistic

component that is vital for understanding psychiatric disease. Furthermore, correlating a pathology with a reference in pop culture can promote concept retention.

References:
1 Gabbard, G. O. & Gabbard, K. (1999) Psychiatry and the Cinema. Washington, DC: APA Press. 2 Kalra, Gurvinder. "Psychiatry Movie Club: A Novel Way to Teach Psychiatry." Indian Journal of Psychiatry, 53.3 (2011): 258-260. 3 Elam, Carol L., et al. "Millennial Students'Perspectives on the Medical School Learning Environment: A Pilot Study from Two Institutions." Medical Science Educator, 21.2 (2011): 151-157.

Swimming Upstream: Incorporating Social Determinants, Structural Competency and Physician Advocacy into the Clerkship Curriculum

Matthew Goldenberg MD, Yale University
Kirsten Wilkins MD, Yale University

Background: Social determinants like education, race and socioeconomic status have a tremendous impact on a variety of health outcomes. Some health disparities are due to differences in the accessibility, utilization and provision of medical care, though medical care is actually estimated to be a relatively small contributor (10-20%) to the overall health of a population. Significant improvements in health outcomes and reduction in health disparities will therefore necessitate addressing social determinants both inside and outside the clinical medicine paradigm. Doctors should play an important role not only in the delivery of psychosocially oriented medical care but also in advocating for social changes that positively affect health outcomes. Medical education, including much undergraduate psychiatric training, remains primarily focused on biomedical science and clinical care delivery. While some medical school curricula have begun to teach about social determinants of health (SDH) and recognize the need for "structural competency" (SC), this instruction is neither standardized nor universal, and many medical students may have little exposure to these important concepts.

Objectives: At the conclusions of our Pecha Kucha presentation, participants will be able to: 1. Discuss the importance of social determinants of health and structural competency in undergraduate psychiatric education. 2. Describe specific innovations from our institution's clerkship curriculum on SDH/SC and advocacy. 3. Consider how curricula at their institutions could and do incorporate content on SDH/SC.

References:
Dobson S, Voyer S, Regehr G. Perspective: agency and activism: rethinking healthÂ advocacyÂ in the medical profession. Acad Med. 2012 Sep;87(9):1161-4. Sharma M, Pinto AD, Kumagai AK. Teaching the Social Determinants of Health: A Path to Equity or a Road to Nowhere? Acad Med. 2018 Jan;93(1):25-30. Wilkins KM, Fenick AM, Goldenberg MN, Ellis PJ, Barkil-Oteo A, Rohrbaugh RM. Integration of Primary Care and Psychiatry: A New Paradigm forÂ Medical StudentÂ Clerkships. J Gen Intern Med. 2018 Jan;33(1):120-124.

Plenary Session III

Faculty Development Towards Standardized Assessment of Medical Student Interview Skills

Kathlene Rishel MD, UT Southwestern
Dawnelle Schatte MD, UTMB
Ye Beverly Du MD, Baylor College of Medicine
Jin Han MD, Baylor College of Medicine
Rachel Russo MD, UTSouthwestern

Background: It is our premise that rubrics for evaluation of behaviors applied by both learner and faculty will improve the quality of feedback the learner receives and improve performance. Application of a rubric can be standardized with training using videos to create a shared mental model utilizing EPA standards . One of the most effective tools to reduce variability between raters is the use of video recordings of activities to create a shared frame of reference or mental model among the raters (1) . We feel that training faculty to utilize a rubric will improve inter-rater reliability as well as improve quality of feedback.

Objectives: 1) Compare and contrast methods of training faculty for learner assessment 2) Describe the benefit of video vignettes for frame-of-reference training of standard assessment. 3) Critique a rubric developed for the assessment of student interview skills

References:
(1)Calaman, S,et al. and the I-PASS Study Education Executive Committee. (2016). The Creation of Standard-Setting Videos to Support Faculty Observations of Learner Performance and Entrustment Decisions. Academic Medicine 91, 204-209. (2)AAMC, 2014 www.aamc.org

Psychotropic Medication Informed Consent Role Playing: A Life-long, Cross-specialty Skill Builder

Kelly Cozza MD, Uniformed Services University
Derrick A. Hamaoka MD, Uniformed Services University

Background: Discussing treatment options and providing informed consent is a cornerstone of medical practice. The USUHS Clerkship initiated 1-2 weekly Informed Consent Role-play sessions in Jan 2017. Students are provided 25 brief vignettes describing patients in need of a psychotropic. Students are tasked with completing medication review “cards” in preparation for weekly didactics. Study cards prepare the students for clinical work, examinations, and for role-play exercises for providing Informed Consent. The students observe one faculty role play vignette during the first week as a model. Students then volunteer or are randomly selected during weekly didactic sessions to role play one or two of the weekly vignettes in front of their peers and faculty. This 7-minute presentation will provide a brief overview of role-playing informed consent exercise for psychotropics and ECT, to include student satisfaction data, impact on learning, and brief live role-play.

Objectives: 1. Illustrate peer role playing exercises for teaching informed consent skills 2. Demonstrate how guided self-study review cards enhance student participation in role play while building study materials

References:
Paterick TJ, Carson GV, Allen MC, Paterick TE: Medical informed consent: general considerations for physicians. Mayo Clin Proc. 2008 Mar;83(3):313-9. doi: 10.4065/83.3.313. Johnson SM, Kurtz ME, Tomlinson T, et al. Teaching the process of obtaining informed consent to medical students. Acad Med. 1992 Sep;67(9):598-600 Habibi Khorasani S, Ebrahimi S. Using video-taped examples of standardized patient to teach medical students taking informed consent. J Adv Med Educ Prof. 2015 Apr;3(2):72-6. Kiehl C, Simmenroth-Nayda A, Goerlich Y et al. Standardized and quality-assured video-recorded examination in undergraduate education: informed consent prior to surgery J Surg Res. 2014 Sep;191(1):64-73. doi: 10.1016/j.jss.2014.01.048. Epub 2014 Jan 30.

Teaching Psychiatric Emergencies Using Simulation

Silvina Tonarelli MD, Texas Tech University Medical Center
Shivani Metha MD, Texas Tech University Medical Center

Background: The Core Entrustable Professional Activities (EPAs) (1) for Entering Residency was developed to identify a list of integrated activities to be expected of all graduates making the transition from medical school to residency. The EPA number 10 (2) was developed to recognize a patient requiring emergent care. With increasing incidences of suicides and other mental disorders, it's imperative for medical students and residents to develop the ability to promptly recognize psychiatric emergencies. Advances in simulation technology have led to setting up of many centers in universities and hospitals; however, the impact of this technology on training in psychiatry has had low impact. (3, 4) There are several advantages of using simulated patients to teach psychiatry such as increasing exposure to a range of diagnoses, risk management and patient safety, and more effective learning.(5) Several types of psychiatric emergencies are often encountered in the emergency department, such as acute psychosis, delirium, suicidal and violent patients, and substance or trauma-related emergencies. Early detection and proper management of psychiatric emergency is crucial to ensure safety and decrease morbidity and mortality. The goal of this project is to help create case scenarios representing psychiatric emergencies that will help teach medical students and residents with simulation.

Objectives: 1. Learner will be able to identify psychiatric emergency cases for simulation training 2. Learner will be able to design signs and symptoms for students to learn early identification 3. Learner will be familiar with the concept of structured debriefing 4. Learner will be familiar with advantages and challenges of simulation teaching

References:
1. Core Entrustable Professional Activities for Entering Residency. Faculty and Learners' Guide. AAMC. https://members.aamc.org/eweb/upload/Core%20EPA%20Faculty%20and%20Learner%20Guide.pdf 2. Core Entrustable Professional Activities for Entering Residency. Curriculum Developers'Guide. AAMC https://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf. 3. Dave S. Simulation in psychiatric teaching. Advan Psychiatr Treat 2012. 18: 292-298. 4. Attoe C; Kowalski C; Fernando A; Cross S. Integrating mental health simulation into routine health-care education. Lancet Psychiatry. 2016;3(8):702-3. 5. Thomson A; Cross S; Key S; Jaye P; Iversen A. How we developed an emergency psychiatry training course for new residents using principles of high-fidelity simulation. Medical Teacher 2013; 35: 797-800

Aligning Formative and Summative Simulation Assessments in Order to Enhance Experiential Learning

Timothy Kreider MD PhD, Zucker School of Medicine at Hofstra/Northwell
Arya Soman MD, Zucker School of Medicine at Hofstra/Northwell
Melissa Pawelczak MD, Zucker School of Medicine at Hofstra/Northwell
John Young MD MPP PHD, Zucker School of Medicine at Hofstra/Northwell

Background: Simulation is increasingly used in undergraduate psychiatry education, both for enhancing learning (formative assessment) and for evaluating learners (summative assessment). Simulation is a valuable pedagogical tool because it allows for practice, coaching, and evaluation in a safe, authentic (-seeming) context that is conducive to experiential learning. From a curricular standpoint, simulation addresses the need to have all learners, regardless of their placement and the vagaries of in situ clinical encounters, to have a common set of experiences. A 2017 review of simulation in undergraduate psychiatry education by Abdool et al. found that many published reports described a concrete experience (the simulated encounter) but not activities to facilitate reflective observation, abstract conceptualization, and active experimentation, the subsequent stages of experiential learning as described by Kolb (1,2).

Objectives: Our simulation curriculum was designed with the following pedagogical objectives: 1. Debrief formative simulation encounters, to encourage reflective observation and abstract conceptualization; 2. Align the content of formative and summative simulations, to encourage active experimentation.

References:
1. Abdool PS, Nirula L, Bonato S, Rajji TK, Silver IL. Simulation in Undergraduate Psychiatry: Exploring the Depth of Learner Engagement. Acad Psychiatry. 2017 Apr;41(2):251-261. 2. ¨Armstrong E, Parsa-Parsi R. How can physicians' learning styles drive educational planning? Acad Med. 2005 Jul;80(7):680-4.

UNC Psychiatry Clerkship Transformations: The Importance of Continuity in the Tutoring Program

Mary Weinel MD, University of North Carolina School of Medicine
Erin Malloy MD, University of North Carolina School of Medicine
Shelby Register MD, UNC Hospitals
Samuel Lindner MD, UNC Hospitals

Background: Although there is a growing emphasis in medical education on technology and simulation labs, in-person mentoring and individual tutoring on the wards is a significantly beneficial teaching modality for third-year medical students. A recent study of perceptions of medical students regarding bedside teaching showed that a significant majority (99.3%) felt this was a useful way to learn and 95% felt that it provided active learning in real-life situations.1 Over three-quarters (76%) of medical students in the same study were satisfied with completing independent history taking and physical examination followed by discussion of clinical management.1 A 2009 meta-analysis found that direct observation is a useful tool to assess medical students in natural settings.3 History taking and full presentations of ward patients observed by resident teachers is the basis UNC School of Medicine's psychiatry tutoring program which operates during the 3rd year psychiatry clerkship.

Objectives: Our goal was to compare annual psychiatry clerkship evaluations by medical students and overall student performance, comparing cohorts over the last four years. We wanted to evaluate the effect of variations of the clerkship's length and other components on these measures. Outcomes specifically include: subjective/descriptive student comments about the clerkship and resident teaching, Likert scale responses to a questionnaire regarding the effectiveness of the course and certain elements (daily lectures, individual tutoring, and OSCE), as well as objective measures such as NBME shelf exam and OSCE scores.

References:
1. Dhakal, A.K., Shrestha, D., Bajracharya, S., Pradhan, A., Karki, B.S., Dhakal, S. (2018). Perceptions of Medical Students About Bedside Teaching in a Medical School. JNMA J Nepal Medical Association, 56 (211): 640-645. 2. Stern, D.T., Williams, B.C., Gill, A., Gruppen, L.D., Woolliscroft, J.O., Grum, C.M. (2000). Is there a relationship between attending physicians' and residents' teaching skills and students' examination scores? Academic Medicine, 75(11): 1144-6. 3. Fromme, H.B, Karani, R., Downing, S.M. (2009). Direct Observation in Medical Education: A Review of the Literature and Evidence for Validity. Mount Sinai Journal of Medicine, 76(4): 365-71.

Breakout Sessions I

Friday, June 21, 2019 Concurrent Workshops I (11:15-12:30 PM)

Optimizing Your Leadership Style

Lindsey Pershern MD, University of Texas Southwestern Medical Center
Dawnelle Schatte MD, UT Medical Branch- Galveston
Rachel Russo MD, University of Texas Southwestern Medical Center

Background:
The Faculty Development Committee is dedicated to assessing the memberships'needs and contributing to the development of members'careers, with a particular focus this year on leadership. One aspect for faculty development for those at any point in their career is in leadership training. When moving from clinical care into the realm of administrative leadership, physicians commonly feel unprepared to take on leadership roles. One aspect of effective leadership is self-awareness of leadership style and alignment with those aspects of "followership" in those we lead. Education on domains of leadership must be combined with opportunities to reflect and identify personal leadership styles and consideration of the characteristics of the groups we lead.
Objectives:
By the end of this discussion group, attendees will be able to: - Describe the core principles of leadership including self-development, core values, communicating purpose, accountability, and organizational culture. (Collins-Nakai, 2006) - Discuss maximizing leadership to followership styles in situational leadership (Bjugstad, Thach, Thompson, & Morris, 2006) - Compare and contrast leaders and managers (Harolds, 2004)
Methods:
We will utilize individual reflection and needs assessment, small and large group discussion to explore individual leadership styles and how to maximize personal and organizational outcomes.
Format: This 75-minute Discussion Group format will be set up as alternating between small group and large group sharing. 5 min - Introductions and setting the objectives of the workshop 15 min- Participants will complete a self-reflection worksheet focused on leadership experiences and challenges and identify participants'predominant leadership style then pair and share to explore responses and reactions 25 min - Facilitated large group discussion to brainstorm characteristics of high-quality leaders, compare and contrast managers and leaders 15 min - Small group scenario-based discussions exploring problematic leader-follower interactions in the workplace 10 min- Large group discussion/small group reporting on discussions and synthesis of workshop activities, with emphasis on next steps in working within structure of leadership and followership alignment strategies 5 min - Conclusions and questions
References:
Bjugstad, K., Thach, E., Thompson, K., & Morris, A. (2006). A Fresh Look at Followership: A Model for Matching Followership and Leadership Styles. Journal of Behavioral and Applied Management, 305-319. Collins-Nakai, R. (2006). Leadership in Medicine. McGill Journal of Medicine, 68-73. Harolds, J. (2004). Selected Important Characteristics for Enlightened Medical Leaders. Journal of the American College of Radiology, 338-342.

Millennials: Considerations for Psychiatric Education

Brenda Roman MD, Wright State University Boonshoft School of Medicine
Ruth Levine, MD, University of Texas Medical Branch; Gary Beck Dallaghan PhD, University of North Carolina School of Medicine
Nicole Borges PhD, University of Mississippi School of Medicine

Background:
Millennials now comprise the majority of our student and resident learners as well as early career faculty. It is important for medical school educators to understand the characteristics of this generation and apply this knowledge to educating our future doctors. This session will provide participants with a general

overview and a brief summary of research findings on Millennial generation students and address specific considerations for psychiatric education and specialty choice.
Objectives:
Describe generational qualities and characteristics of Millennials. Explore how the teaching-learning environment is changing in our medical schools. Compare and contrast best practices to address generational challenges for general medical education but also specific to psychiatric education. Discuss the impact of generational preferences for psychiatry specialty choice
Methods:
Participants will be given a brief presentation on Millennials. Case discussion and team-based learning exercises will be used to highlight medical school faculty and Millennials students'perspectives on the learning environment and ways to address challenges. The workshop will be run in a "flipped classroom" fashion. After the small group work, facilitators will review their choices in the context of how Millennial learners might experience and behave in a psychiatry educational environment.
Format: Overview: Identify distinctions between the different generations working in medical education (Traditionalists, Baby Boomers, Gen X, Gen Y). Application Exercises: Scenarios will be presented to small groups to identify the generational conflicts and methods to resolve the issue. Large group work: After small groups report out their selections to conflicts presented in scenarios (simultaneously with other small groups), groups will then debate and discuss their choices with other small groups, with facilitation provided by workshop co-leaders
References:
Talmon GA, Beck Dallaghan GL (eds). Mind the Gap: Generational Differences in Medical Education. Syracuse, NY: Gegensatz Press, 2017.

Setting an Overall Pass/Fail Standard for a Clerkship

David Schilling MD, Loyola Stritch School of Medicine
Michael Marcangelo MD, University of Chicago Priztker School of Medicine
Background:
LCME Standard 9.6: Setting Standard of Achievement: A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program. Standards of achievement are defined as criteria by which to measure a medical student's attainment of relevant learning objectives and that contribute to a summative grade. Thus, clerkships need to set standards for summative grades.
Objectives:
To provide a demonstration of a rigorous, defendable, yet pragmatic standard setting method which clerkship directors may choose to employ at their home institution with their faculty to set an overall pass/fail standard for their clerkship.
Methods:
Workshop participants will act as the clerkship faculty and participate in a mock standard setting exercise to set a pass/fail standard for a psychiatry clerkship. As a clerkship faculty member, workshop participants will receive necessary information, explanations, and background on the inherent challenges in setting an overall pass/fail standard. They will learn how to set-up and run a rigorous, defendable, yet pragmatic standard setting process. During the standard setting process, workshop participants will participate in two key activities:
1. Discussing and defining a student on the borderline of passing or failing
2. Applying the Hofstee method to clerkship grading data to set a pass/fail standard
Format: Some lecture presentation of background information via the use of Powerpoint slides
The Borderline student segment and the Hofstee method segment will be conducted in small groups of workshop attendees (6-8 per group). The results of each workshop group's standard setting exercise will be shared with the participants. These mock pass/fail standards will be compared to the actual standard

that was set by the workshop leader's faculty in June, 2017. The mock standards will then be applied to the workshop leader's grading data from 2016-2018 and the outcomes will be compared. The final 15-30 minutes will be used for discussion with the audience about questions they may have on the Standard Setting exercise, on the outcomes of the exercise at the workshop leader's home institution, or other aspects of the workshop topic.

References:

1. Schindler N, Corcoran J, DaRosa D; Description and impact of using a standard-setting method for determining pass/fail scores in a surgery clerkship; Am J of Surg 193 (2007) 252-257 2. Dudas R, Barone M; Setting Standards to Determine Core Clerkship Grades in Pediatrics: Acad Peds 2014; 14: 294-300 3. Functions and Structure of a Medical School, Standards for Accreditation of Medical Education Programs Leading to the MD Degree; Liaison Committee on Medical Education; Published march, 2017; Standards Effective July 1, 2018

"I Thought You Wanted to Practice Real Medicine": Dealing with Microaggressions in Medical Education

Shinnyi Chou MD, University of Pittsburgh
Dana Raml MD, University of Nebraska College of Medicine
Linda Love EdD, University of Nebraska College of Medicine
Sheritta Strong MD, University of Nebraska College of Medicine
Laura Flores MD, University of Nebraska College of Medicine

Background:

"What do you mean you can't?" Though seemingly harmless, this example of a microaggression insinuates incompetence. Microaggressions are commonplace, albeit often unintentional and subtle. Despite their seeming triviality, they profoundly impact students, residents, faculty, mental health providers, and patients. Be it words or actions, microaggressions express prejudiced attitudes toward those who may be construed as powerless. Identification of microaggressions in everyday settings allows for the development of effective responses to address them. This in turn promotes safer learning environments for students, and leads to improved patient care.

Objectives:

Define microaggressions in verbal, nonverbal, and environmental expressions. Practice communication strategies to respond to microaggressions. Examine practices that support a positive learning environment.

Methods:

This workshop will demonstrate ways to identify microaggressions, and provide tools for responding to them in various settings. Since microaggressions often involve individuals unaware of their implications, tailored communication approaches are necessary for effective change. We will review verbal, nonverbal, and environmental microaggressions through case studies, and practice effective in-the-moment responses using the A.C.T.I.O.N. framework. Participants will develop strategies for discussing microaggression, victimhood, and advocacy aimed at creating positive and empathic learning environments.

Format: The workshop will consist of four parts. Part one, which will last 10 minutes, will provide background information and definitions. Part two will allow participants to discuss personal experiences related to microaggression in groups of three to four individuals for 15 minutes, with small group leaders sharing their key impressions with all participants at the end of the discussion. Part three will focus on three microaggression case studies. Small group participants will role play each case scenario, and participants will take turns practicing responses to the microaggressions. Each case will be allotted 10 minutes, and an additional 5 minutes will be used at the end of this portion for debriefing of small group experiences with the entire audience. For parts two and three, workshop leaders will move between groups and facilitate the exercises as necessary. Finally, part four will provide summaries of key ideas and concluding remarks, with time allotted for questions, reflections, and further considerations during this 15 minutes period.

References:
1. Almond, A. L. (2017). Measuring racial microaggression in medical practice. Ethnicity & Health, , 1-18. doi:10.1080/13557858.2017.1359497 [doi] 2. Amsalem, D., Hasson-Ohayon, I., Gothelf, D., & Roe, D. (2018). Subtle ways of stigmatization among professionals: The subjective experience of consumers and their family members. Psychiatric Rehabilitation Journal, 41(3), 163-168. doi:10.1037/prj0000310 [doi] 3. Bleich, M. R. (2015). Microaggression and its relevance in health care. Journal of Continuing Education in Nursing, 46(11), 487-488. doi:10.3928/00220124-20151020-13 [doi] 4. Sue, D. W. (2010). Microaggressions in everyday life: Race, gender, and sexual orientation. John Wiley & Sons. 5. Sue, D. W. (2010). Microaggressions and marginality: Manifestation, dynamics, and impact. John Wiley & Sons. 6. Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. American psychologist, 62(4), 271. 7. Woodford, M. R., Chonody, J. M., Kulick, A., Brennan, D. J., & Renn, K. (2015). The LGBQ microaggressions on campus scale: A scale development and validation study. Journal of Homosexuality, 62(12), 1660-1687. doi:10.1080/00918369.2015.1078205 [doi].

Preceptors Behaving Badly: Who Provides the Corrective Feedback and How?

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Jamie Fairstone , Dartmouth-Geisel School of Medicine
Suzanne Kodya MA, Allegheny Health Network-Allegheny General Hospital
Aaron Plattner MD, Michigan State University

Background:
Medical students'clerkship experiences have been shown to shape attitudes about a specialty and influence career choices [1,2]. Preceptors provide the essential link between academic programs and clinical practice. However, when student feedback suggests an unsatisfactory performance by their preceptor, what are the consequences and how is it handled? Medical schools and clerkship placements may have different guidelines for giving feedback to the attendings. Whose responsibility is it to provide feedback and in which situations? How do we give effective feedback which influences attitudes and changes behaviors [3]?
Objectives:
Discuss and clarify roles and expectations of clerkship administrators and directors when disseminating positive and negative feedback to preceptors Generate ideas and strategies for providing corrective feedback in a descriptive, non-judgmental way Define steps that should be taken if the preceptor is not responsive to the feedback or does not change problem behaviors
Methods:
This proposed ADMSEP workshop will address both real-life and hypothetical situations that would require corrective feedback to be given to preceptors and identify the responsibility of the clerkship administrators and directors when feedback needs to be given. Group discussions and role-plays will encourage the development of skills and allow participants to practice providing feedback effectively.
Format: Welcome/introduction 2. Background and case examples 3. Group discussion - the hierarchy of roles when problematic behaviors and ethical concerns arise 4. Group discussion - skills and strategies for providing corrective feedback 5. Role-play scenarios 6. Group discussion - what to do when feedback doesn't work 7. Review/Wrap-up
References:
1. Gerbase, M., Germond, M., Nendez, M., & Vu, N. (2009). When the evaluated becomes evaluator: what can we learn from students'experiences during clerkships? Academic Medicine, 84(7), 877-885. 2. Stagg, P., Prideaux, D., Greenhill, J., & Sweet, L. (2012). Are medical students influenced by preceptors in making career choices, and if so how? A systematic review. Rural Remote Health [Internet]. 12 (1832):[about 21 p.]. Available from http://www.rrh.org.au. 3. Sarkany, D. & Deitte, L. (2017). Providing feedback: practical skills and strategies. Academic Radiology, 24(6), 740-746.

Retrieval-Based Learning: Applying Active Retrieval to Promote Meaningful Learning

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Recent advances in the cognitive science of learning have important implications for instructional practices at all levels of education. For example, cognitive research has identified one strategy that promotes complex learning called *retrieval practice*: Practicing actively reconstructing one's knowledge while studying has potent effects on long-term learning. Yet when students monitor and regulate their own learning, they often choose to engage in inferior strategies like repetitive reading, and the ultimate consequence is poor learning. This discussion session will provide strategies to apply retrieval-based learning. In recent work, we have extended retrieval practice to meaningful learning of complex educational materials, converted existing classroom activities into retrieval-based activities, and developed new computer-based learning methods for implementing retrieval-based learning. Incorporating retrieval practice into educational activities is a powerful way to enhance learning.

Objectives:

At the conclusion of this discussion, attendees will:

1. Discuss common study strategies used by college students, why it does not work, and how to guide students not to use it
2. Describe how retrieval practice can be used as an effective learning strategy
3. Articulate ways to implement retrieval-based learning techniques in the psychiatry clerkship

Breakout Sessions II

Saturday, June 22, 2019 Concurrent Workshops II (9:45-11:00 AM)

Finding Opportunities in Qualitative Research: Framing Your Medical Education Research Question

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Benjamin Griffeth MD, University of South Carolina SOM
Catherine Lewis MD, University of Connecticut Health Center
Richard Balon MD, Wayne State University
Mary Morreale MD, Wayne State University
Jeffrey Rakofsky MD, Emory University
Rachel Russo MD, UT Southwestern

Background:
Every strong research project starts with a well-crafted question, one that is insufficiently answered in the literature leading to a clear statement of purpose. Honing the research question and purpose of study helps investigators select appropriate methods. There are many medical education research projects for which qualitative methods are the most suitable. Yet, all too often one says, investigators lack the understanding of how to implement a sound qualitative research study.
Objectives:
Participants in this workshop will 1) craft a research question that is best answered through qualitative methods, 2) select appropriate qualitative methodology to answer the research question, 3) choose a philosophical framework for the research question, 4) discuss the process of qualitative data analysis, and 5) identify next steps in their own qualitative research project.
Methods:
This workshop will be a combination of brief presentations followed by individual and group activities. Presentations will focus on how to develop a qualitative research question, methods of collecting data, philosophical frameworks, and analysis methods. Through facilitated small group activities, we will help them craft their own research question(s), select appropriate methods, and identify next steps. Worksheets will be developed to guide participants through the development of a qualitative research study. We will draw upon the recent standards for reporting qualitative research to provide the novice or the experienced qualitative researcher with best practices. Additional resources will be provided.
Format: 1) Crafting the question - bring up topics that may be best studied through qualitative methods-30 min 2) Matching qualitative (philosophical) frameworks to research questions-15 min 3) Selecting appropriate qualitative methods to answer the research question-20 min 4) Data collection ideas: direct observation, focus groups, in-depth interviews, written narratives-5 min 5) Wrap up / Next steps-10 min

Bringing Your Ideas to Life: A Primer for Developing an Electronic Learning Module

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Daniel Gih MD, University of Nebraska
Mary Steinmann MD, University of Utah

Background:
Use of electronic modules (“e-modules”) in medical education can increase engagement, learning, and confidence in performing clinical skills (1-3). The ADMSEP Clinical Simulation Initiative (CSI) has developed a collection of free peer-reviewed e-modules for use in psychiatry education (4). E-module development requires consideration of multiple steps, including idea formulation, collaboration, timeline and resource planning, material development, review, and publication (1). This workshop primarily aims to assist with the "how/where to start" portion, but also identifies common hurdles and challenges such as recruitment, technology and motivation. Mitigation strategies to promote ongoing project development will also be discussed. It is aimed for educators with existing works in progress, or those who desire help and collaboration in developing e-modules or simulation exercises.
Objectives:

1. Identify an educational topic/idea suitable for e-module development. 2. Design an initial concept and timeline to develop/transition an idea into an e-module. 3. Outline needs and resources for ongoing project development. 4. Appraise current products and modalities to best incorporate finished educational products into the curriculum.

Methods:

Often, the most daunting part of developing e-modules is knowing where to start. This active learning workshop will provide opportunities for participants to develop ideas, collaborate with colleagues, and take their beginning product home with pointed guidance resources for further development. The session is facilitated by members of the ADMSEP CSI committee, who possess knowledge in developing and reviewing simulation activities and e-modules.

Format: Learners will be provided a brief overview of completed educational products, steps in developing an e-module, and assess what makes them effective and engaging (15 minutes). Learners will break into small groups and begin to formulate and outline their ideas (20 minutes). Select audience ideas will be highlighted to showcase the power of collaboration and exchange (15 minutes). Further idea development from participants will help provide the best way to convey/transition product into an e-module (15 minutes). Presenters will offer best practices for expedient, smooth development of these products to include asset management, development, distribution, and publication (10 minutes).

References:

1. E-Learning for Beginners. (2015). Retrieved from https://community.articulate.com/e-books/e-learning-for-beginners 2. Kwant KJ, Custers EJ, Jongen-Hermus FJ, Klujitmans M. Preparation by mandatory E-modules improves learning of practical skills: A quasi-experimental comparison of skill examination results. BMD Med Educ. 2015 Jun 10; 15:102. 3. Khasawneh R, Simonsen K, Snowden J, Higgins J, Beck G. The effectiveness of e-learning in pediatric medical student education. Med Educ Online. 2016 Feb 10; 21:29516. 4. Hawa R, Klapheke M, Liu H, Briscoe G, Foster A. An innovative technology blueprint for medical education: Association of Directors of Medical Student Education in Psychiatry's Clinical Simulation Initiative years 1-6. Academic Psychiatry. 2017 Jun; 41(3): 408-410.

A Beginner's Guide to Your Professional Twitter Account: To Tweet or Not to Tweet; That Is An Important Question

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Donald Hilty, MD, North California VA & UC Davis
Linda Love EdD, University of Nebraska Medical Center
Gary Beck Dallaghan PhD, University of North Carolina School of Medicine
Laura Flores MD-PhD student, University of Nebraska Medical Center
Brenda Roman MD, Wright State University Boonshoft School of Medicine
Susan Lehmann MD, John Hopkins School of Medicine
Howard Liu MD, University of Nebraska Medical Center

Background:

Among social media (#SoMe) platforms, Twitter averages over 330 million monthly active users including an increasing number of medical educators, journals, professional organizations, and academic health centers (Widmer 2016, Peters 2015). Recently, ADMSEP Council determined that Twitter was a strategy to enhance the professional development of its members and the visibility of undergraduate medical education in psychiatry. This workshop will offer a Twitter primer for beginners on maximizing the use of social media to maximize impact while minimizing risk.

Objectives:

1. Discuss Twitter as a #SoMe platform 2. Create a Twitter Profile to maximize your professional brand in medical education and psychiatrist 3. Develop tweets in response to common scenarios using important social media principles

Methods:

Three-part workshop; maximum of 24 attendees 1. Introduction: (15-minutes) a discussion of basic #SoMe platforms. 2. Application: (40-minutes) facilitators will divide the audience into groups of <3 individuals to

work on: 1) create/refine Twitter profiles to maximize impact, and 2) real/simulated scenarios to create 280 character tweets in response to a relevant or stimulus article. Expert Twitter users will give feedback to participants referencing Twitter worksheets developed by facilitators. 3. Wrap-Up: (15-minutes) attendees will share their Twitter profiles/tweets. Also participants will provide feedback regarding potential barriers and develop a follow-up strategy.
Format: See methods section. Results: Elements of this workshop were presented at the AAMC Group on Faculty Affairs 2017 conference. That session was rate 3.79/4.0 by faculty affairs/faculty development professionals (n=29). Elements of this workshop were presented at ADMSEP 2018 which attracted 34. This extension is a hands-on consultation session that will help participants identify elements of a tweet that will broaden their social media impact. Determining how to strategically use “tags” and “hashtags” is key to this process. The small group activities will allow participants to truly hone their social media craft.
References:
Peters ME, et al. A Twitter education: why psychiatrists should tweet. Curr Psychiatry Rep 2015 Dec;17(12):94.
Widmer RJ, et al. An academic healthcare Twitter account: the Mayo Clinic experience. Cyberpsychol Behav Soc Netw 2016 Jun;19(6):360-6.

Using a Growth Mindset: Learning from Failure to Improve Medical Education

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Linda Love EdD, University of Nebraska Medical Center
Jonathon Sikorski PhD, University of Nebraska Medical Center

Background:
We have all tried curricular innovations or assessment strategies that did not work. Too often, if a curricular innovation “fails” or is perceived by the students to be a “waste of time,” faculty abandon the idea and revert back to commonly accepted ways of teaching or try something totally different. However, it is often from our failures that we learn the most about how to move forward. [1,2,3,4] Activating a growth mindset can help not only our students, but us as educators as well. Cultivating a growth mindset for curriculum development can help faculty reframe failures as opportunitiesâ€”and resist branding innovations as failures if they do not “work” seamlessly the first time. [5,6,7]
Objectives:
1. Examine reasons that a curricular innovation appears to fail 2. Identify opportunities to learn from failures in a course/curriculum 3. Create actionable items to improve a curriculum session
Methods:
This session will begin with the facilitators sharing their curricular failures. In small groups, participants will identify opportunities to learn from a failure and develop actionable steps to improve teaching outcomes. Facilitators will conclude with “the rest of the story” and what happened after their failure. The session focuses on problem-solving and resiliency development in our educator community.
Format: Opening Framework (5 min): Failure is a Part of Innovative Teaching How Great Ideas Fail and What We Can Do About It: 3 Case Studies (60 minutes) Case A: Drs. Sheritta Strong and Linda M. Love: Large scale failure of large group critical thinking Small group work: Instructional design challenge--How will I prime for success? activate growth-mindset Case B: Dr. Jonathon Sikorski: Developing a mandatory wellness curriculum Small group work: Instructional design challenge--How to build a plane while flying Case C: Dr. Brenda Roman: Reading assignment overload Small group work: Instructional design challenge--How do we get expectations “just right” Growth Mindset Conclusions for Medical Educators (10 min)
References:
1. Fink, L. D. (2013). Creating significant learning experiences: An integrated approach to designing college courses. John Wiley & Sons. 2. Joyce, B. L., & Swanberg, S. M. (2017). Using Backward Design for Competency-Based Undergraduate Medical Education. In Advancing Medical Education Through Strategic Instructional Design (pp. 53-76). IGI Global. 3. Reynolds, H. L., & Kearns, K. D. (2017). A planning tool for incorporating backward design, active learning, and authentic assessment in the college classroom. College Teaching, 65(1), 17-27. 4. Svickni, M., & McKeachie, W. (2014). Teaching Tips: Strategies, Research and Theory for College and University Teachers. 5.

Duckworth, A., & Duckworth, A. (2016). Grit: The power of passion and perseverance (Vol. 124). New York, NY: Scribner. 6. Dweck, C. (2015). Carol Dweck revisits the growth mindset. Education Week, 35(5), 20-24. 7. 7. Dweck, C. S. (2008). Mindset: The new psychology of success. Random House Digital, Inc

Teaching the Teacher: Methods for Instructing Preceptors in Giving Effective Feedback

Sharon Hammer MD, University of Nebraska Medical Center
Howard Liu MD, University of Nebraska Medical Center
Adriana Foster MD, Florida International University
Ellen Gluzman MD, Temple University

Background:

Medical education is shifting from accumulation of knowledge to competency-based clinical education targeting specific skills (1). Observing students'clinical performance with appropriate feedback is essential for developing medical expertise (5). Students consider effective feedback skills to be one of the most important qualities of a good preceptor, second only to clinical competence (2). Medical students report formative feedback is often insufficient, untimely, nonspecific and does not include a plan for skill improvement (3). Without effective feedback, students tend to reinforce incorrect assumptions and behaviors that can persist throughout their training (4). Despite this "feedback gap," most preceptors do not receive adequate training in giving effective feedback. In this session, we will present novel and engaging strategies to motivate and train faculty in making feedback the core of the students'educational experience.

Objectives:

At the end of the session, participants will: 1. List strategies and barriers in providing useful, timely feedback to students. 2. Describe the components of multi-modal feedback following a patient interaction. 3. Design a plan to introduce systematic faculty feedback training.

Methods:

This discussion group will present 3 models of teaching clinical feedback techniques. First, there will be a role-play model equipping preceptors with the STOP mnemonic (Specific Timely Objective Plan) to practice on common case scenarios. Second, authors will discuss feedback on the critical skill of suicide risk assessment using a virtual patient interaction (6,7). Finally, facilitators will present videotaped clinical simulations demonstrating both effective and ineffective feedback techniques applied to common student scenarios.

Format: Faculty from three different institutions will facilitate the discussion. Participants will reflect on their own experiences of receiving feedback and their difficulties in giving feedback to students. Attendees will receive practical tools including a worksheet adaptable to different institutions and an interactive experience utilizing a virtual patient which gives immediate, multi-modal feedback about clinical content, verbal communication skills and therapeutic alliance. An overarching "roadmap" with principles of giving effective feedback (1, 8) will be presented to unify the 3 models. Participants will also shape the development of a clinical simulation video library on providing effective feedback.

References:

1. Holmboe, E. S. (2015) Realizing the promise of competency-based medical education, Academic Medicine, 90(4) 411-413. 2. Wolverton, S., Bosworth, M. A survey of resident perceptions of effective teaching behaviors, Family Medicine, 1985;17: 108-108. 3. AAMC Medical School Graduation Questionnaire, Available at http:/www.aamc.org/data/gq/allschoolsreport/2005.pdf 4. Bienstock, J. et al. (2003) To the point: medical education review - providing feedback, American Journal of Obstetrics and Gynecology, June 2007. 5. Ericsson, K. A. (2008). Deliberate practice and acquisition of expert performance: a general overview. Academic emergency medicine, 15(11) 988-994. 6. Berman, N. B., Durning, S. J., Fischer, M. R., Huwendiek, S. & Triola, M. M. (2016) The role for virtual patients in the future of medical education, Academic medicine, 91(9), 1217-1222. 7. Foster, A., Chaudhary, N., Kim, T., Waller, J. L., Wong, J., Borish, M. & Buckley, P. F. (2016) Using virtual patients to teach empathy: a randomized controlled study to enhance medical students'empathic communication. Simulation in Healthcare, 11(3) 181-189. 8. Gigante, J, Dell, M, Sharkey, A. Getting beyond "god job:" how to give effective feedback. Pediatrics, 2011, Feb; 127(2)205-207.

Connecting and Actively Engaging Clerkship Students through Synchronous, Technology-supported, Team-based Learning in a Distributed Campus Model

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Daniel Griffin PhD, Dr. Kiran C Patel College of Medicine Nova Southeastern University
Kai Anderson MD, Central Michigan University College of Medicine
Mike Molter MSA, Central Michigan University College of Medicine

Background: Team-based learning (TBL) can improve engagement, retention, student/faculty satisfaction; as well as create a positive effect on standardized exam performance. However, TBL is not universally integrated in clerkships due to time required to train faculty /student and challenges of distributed campuses. We have successfully introduced synchronous TBL modules in Psychiatry clerkship using telecommunication strategies to connect our distributed students.

Objectives: (1) learning how one can integrate active learning into clerkship programs; (2) describe technological resources available to deliver active learning to local and distributed students (3) generate a plan for modifying one of their existing sessions into a TBL session.

Methods: Our clerkship typically consists of 10-12 students distributed among as many as five sites across Michigan. Our model of TBL starts with our primary site based on facilitator location. Students based locally physically attend the session and are split into teams. Then, distributed students connect to one of these teams via teleconference technology, and can engage in intra- and inter-team discussion. Faculty and student feedback has been positive. Students engage in learning experiences at the distributed sites in a meaningful way regardless of distance.

Challenges range from pre-existing aversion to the TBL format and connection difficulties when students decide not to use designated areas/resources at their sites. With our strategies to synchronously connect clerkship students at distant locations, we have found an innovative way to meaningfully engage distributed students in a way that could feasibly be adopted at any institution. Our multiple design options are such that it can be adopted at any institution using pre-existing, low to no cost options that are readily available at most institutions.

Format: (1) Introduction to the fundamentals of TBL and overview of utilizing TBL in clerkship (25 minutes) (2) Engage participants in small group brainstorming session of where they could implement TBL/active learning in their curriculum, followed by intergroup reporting (10 minutes) (3) Demonstration of our TBL synchronous delivery across sites, and how learners can be connected in an active, online TBL session (20 minutes) (4) Interactive small group session where each participant will assess needs/resources available to implement TBL at their organization (10 min) (5) Any remaining time: participants share questions/ideas with the group in discussion.

Breakout Sessions III

June 22, 2019 Concurrent Workshops III (11:15-12:30 PM)

Moving Up, On or Out: Life after Director of Medical Student Education in Psychiatry

Michael Marcangelo MD, University of Chicago Priztker School of Medicine
Gaurava Agarwal MD Northwestern University The Feinberg School of Medicine
Ruth Levine MD, University of Texas-Medical Branch Galveston
Howard Liu MD, University of Nebraska Medical Center
Erin Malloy MD, University of North Carolina School of Medicine

Background:
Serving as director of medical student education in psychiatry can become the focus of a teaching clinician's career. However, many directors go on to serve in other roles in their departments, dean's offices, or hospitals. A recent survey of our membership found that people had an average tenure of six years and only half of those surveyed were currently clerkship directors meaning that many members have moved into other roles. The path that ex-directors have followed can be unclear for newer clerkship directors and guidance from those who have been there may be helpful when making career choices.
Objectives:
To promote discussion about careers in academic psychiatry by examining a number of member's current and former roles and how they made the steps from one to the next. To discuss the concept of career crafting in faculty development and how it relates to professional well-being.
Methods:
By hearing about the experiences of mid-career and senior members of ADMSEP, the audience members can gain knowledge and insight about how their careers have taken shape.
Format: Each member of the panel will spend a few minutes discussing their time as a director of medical student education in psychiatry and their current role at their institution. They will have an opportunity to discuss if they have continued as the director while adding new responsibilities or if they have handed off the clerkship and courses. Each will also elaborate on the advantages and challenges associated with the transition in an effort to inform the audience. Member of the panel will include those who are now vice-chairs for education in their department, those who have taken on a variety of roles in the dean's office, and those who have moved into other, more senior administrative roles in their departments or hospital leadership. Once each member of the panel has presented, each member of the audience will be encouraged to consider what types of roles they see themselves in later and how they anticipate that they will reach their goal.
References:
Morgenstern BZ, ed. Guidebook for Clerkship Directors, 4th Ed., Alliance for Clinical Education. Gegensatz Press, North Syracuse, NY, 2012. Thomas LA, Dallaghan GB, Balon RM. The 2016 survey of the association of director of medical student education in psychiatry. Acad Psychiatry 2018 Jun;42(3):366-370.

Discussion Panel: Grading Clerkship Students

Grade Appeals: Generational Problem Grade Inflation or Higher Stakes?

Rachel Russo MD, University of Texas Southwestern Medical Center
J. Kathlene Trello-Rishe MD, University of Texas Southwestern Medical Center
Ye Beverly Du MD, Baylor College of Medicine
Dawnelle Schatte MD, University of Texas Medical Branch Galveston

Background:
Grades are used in medical school to signify that the student has met requirements for graduation, and data from NRMP shows that program directors value clerkship grades in their selection process (1). There is wide variability in grading across clerkships nationally, despite the use of tools to help make the grading process accurate (2,3). Direct observation, simulations, and standardized testing have been studied, but there is no national standard on normative versus criterion-based grading systems and no standard of

training for faculty graders (3-6). Many programs allow students who feel the grade does not accurately reflect their performance to appeal, and a recent study of psychiatric clerkship directors showed a grade challenge rate between 0-17% with multiple different grade appeal processes (7). At two of our institutions we have seen a doubling of grade appeals after our pre-clinical years moved to pass-fail as students depend on only the clerkship years to distinguish themselves from their peers. Grade inflation may also contribute, as survey of psychiatry clerkship directors found that more than one-third (33.7%) indicated that 40% or more of their students receive clinical honors and 88.1% of the respondents thought grade inflation was a problem (5). At the third institution, Honors was capped at 30% resulting in an increase in grade appeals. Academic entitlement, or the idea that students in the millennial generation feel they should receive a high grade regardless of time or effort, has also been discussed in the literature and seems to be a possible reason for increasing appeals, though there is not literature looking at this in regards to grade appeals (8, 9).
Objectives:
1) Review the literature on the grade appeals process on clinical rotations in professional schools and the grade appeal data from three medical schools. 2) Discuss case vignettes and challenges. 3) Identify potential solutions in coping with grade appeals.
Format: In this 90-minute workshop, we will use 15 minutes for introduction/literature review, 30 minutes of case-based discussions, 20 minutes of small group interactive discussion to develop individualized tools to address appeals, and 25 minutes of large group interaction to discuss tools/dissemination
References:
1. Results of the 2018 NRMP Program Director Survey. National Resident Matching Program, 2018. https://www.nrmp.org/wp-content/uploads/2018/07/NRMP-2018-Program-Director-Survey-for-WWW.pdf. Accessed September 14, 2018. 2. Speer, A, Speer, A J; Solomon, D J; Ainsworth, M A. “An innovative evaluation method in an internal medicine clerkship. Academic Medicine, 1996:71(1, Supplement) 3. Alexander EK , Osman, NY, Walling, JL, Mitchell VG. “Variation and imprecision of clerkship grading in US medical schools.” Academic Medicine, 2012: 1070-6 4. Epstien, R. “Assessment in Medical Education” N Engl J Med 2007; 356:387-396 5. Briscoe, G, Carlson DL, Arcand, LF, Levine RE, Cohen, MJ. “Clinical Grading in Psychiatry Clerkships .” Academic Psychiatry, 2006:30:104-109 6. Wang PW, Cheng CC, Chou FH, Tsang HY, Chang YS, Huang MF, Yen CF. “ Using Multiple Assessment to evaluate medical students’clinical ability in psychiatry clerkships.” Academic Psychiatry. 2011: 35 (5)307-11 7. Millburn, N, Thomas, Lia and Kay, Abigail. Factors Associated with Grade Appeals: A Survey of Psychiatry Clerkship Directors. Academic Psychiatry. 2017: 41 ? 8. LinZhu, DeepaAnagondahalli. “Effects of Academic Entitlement on Conflict Management: Implications of a Consumer Culture for the Student-Teacher Relationship.” Communication Reports. 2017:30 (1)14. 9. Dubovsky SL. “Coping with entitlement in medical education.” N Engl J Med. 1986;315(26):1672-1674.

To Be Fair or Not to Be Fair? That Is the Question for Modern Clerkship Grading

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Justin Bullock MPH, University of California, San Francisco School of Medicine
Cindy Lai MD, University of California, San Francisco School of Medicine
Tai Lockspeiser, MD, MHPE, University of Colorado School of Medicine

Background:
Despite attempts such as the RIME grading scheme and objective behavioral anchors on evaluations, students and educators alike continue to question the fairness and accuracy of core clerkship grades.1 Grades provide important feedback to students and schools, while residency programs rely on clerkship grades in resident selection. Students from groups under-represented in medicine (UIM) are less likely to earn top grades.2-4 Clerkship site and variable evaluator skill level also contribute to bias in grading.5-7 Considering that assessment drives learning, current grading practices may adversely affect students’learning.
Objectives:

1. To understand student perceptions of the fairness of core clerkship grading 2. To reflect on students'recommendations to improve clerkship grading in order to propose changes to clerkship evaluation procedures

Methods:

Fourth-year medical students at six institutions completed an online survey which explored students'perceptions of the fairness and accuracy of grading. 8-10 Factor analysis of 5-point Likert items (5=high) provided scale scores of perceptions. Students completed an open-ended survey question about their recommendations to improve clerkship grading fairness. We used qualitative content analysis to examine students'recommendations.

Format: Presenters will include the first two authors: Dr. Dellmore and Justin Bullock, MPH (and medical student), to describe our multisite clerkship grading survey findings (both quantitative and qualitative results) and then facilitate a discussion of both the challenges facing modern clerkship grading as well as proposals to improve grading procedures in order to create equity and a learning environment of inquiry for deep learning.

References:

1. Duffield KE, Spencer JA. A survey of medical students'views about the purposes and fairness of assessment. Med Educ. 2002;36(9):879-886. 2. Boatright D, Ross D, O'Connor P, Moore E, Nunez-Smith M. Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society. JAMA Intern Med. 2017;8088:1-7. 3. Teherani A, Hauer KE, Fernandez A, King TE, Lucey C. How Small Differences in Assessed Clinical Performance Amplify to Large Differences in Grades and Awards. Acad Med. 2018:1. 4. Lee KB, Vaishnavi SN, Lau SKM, Andriole D a, Jeffe DB. "Making the grade:" noncognitive predictors of medical students'clinical clerkship grades. J Natl Med Assoc. 2007;99(10):1138-1150. 5. Riese A, Rappaport L, Alverson B, Park S, Rockney RM. Clinical Performance Evaluations of Third-Year Medical Students and Association With Student and Evaluator Gender. Acad Med. 2017;XX(X):1. 6. Wang-Cheng R, Fulkerson P, Barnas G, Lawrence S. Effect of Student and Preceptor Gender on Clinical Grades in an Ambulatory Care Clerkship. Acad Med. 1995;70:324-326. 7. Fay EE, Schiff MA, Mendiratta V, Benedetti TJ, Debiec K. Beyond the Ivory Tower: A Comparison of Grades Across Academic and Community OB/GYN Clerkship Sites. Teach Learn Med. 2016;28(2):146-151. 8. Steele CM. A threat in the air. How stereotypes shape intellectual identity and performance. Am Psychol. 1997;52(6):613-629. doi:10.1037/0003-066X.52.6.613. 9. Spencer SJ. The effect of stereotype vulnerability on women's math performance. 1993. doi:10.16953/deusbed.74839. 10. Midgley C, Maehr ML, Hruda LZ, et al. Manual for the Patterns of Adaptive Learning Scales. Univ Michigan. 2000.

Discussion Panel: Interprofessional Education

Developing a Meaningful Behavioral Health Interprofessional Education Course

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Andrew Muzyk PharmD, Duke University School of Medicine,Campbell University College of Pharmacy and Health Sciences

Charles Sanders, RN,BSN, NC-BC, MAPPCP, Duke Univeristy School of Nursing

Background:

As healthcare delivery moves towards value-based compensation models, increasing attention is being paid to the benefit of collaborative practice teams in strengthening health systems and improving health outcomes. This has fueled a growing interest in interprofessional education (IPE) in healthcare professions schools nationwide. (1) Although IPE has been shown to increase positive attitudes between different professional groups, it remains to be seen whether it will lead to lasting change in healthcare culture and delivery. (2) Many IPE programs fail to address the psychological barriers to interdisciplinary team work or to model functional interdisciplinary behavior.

Objectives:

1. Identify opportunities and barriers in your own organization to implement meaningful IPE learning experiences. 2. Identify ways to build a community of practice, a working group of learners and faculty, to create a sustainable IPE behavioral health course. 3. Propose psychological concepts useful to developing interprofessional learning activities. 4. Construct an outline for your IPE behavioral health course.

Methods:
Behavioral health education is uniquely well suited to implementation of effective IPE programs. The interdisciplinary treatment team has long had a primary role in behavioral health delivery. Psychological barriers to interdisciplinary teamwork can be explicitly addressed. We have built a team of interprofessional faculty to implement several IPE behavioral health courses within the psychiatry clerkship over the last 6 years. Our approach to creating meaningful experiences has focused on: 1. Modeling interprofessional collaboration between faculty, 2. Directly addressing cultural differences/conflicts between professions by creating learning experiences to explore psychological concepts such as empathy, personal bias, transference and implicit communication, 3. Providing real patient care experiences delivered by students in an interdisciplinary model
Format: This session will be delivered by an interprofessional faculty team 1. Large group discussion of lessons learned through implementation of several behavioral health IPE courses. (30 min) 2. Small group work to identify both organizational, cultural and psychological barriers to implementing meaningful IPE at participant's home institutions. (20 minutes) 3. Large and small group problem solving in order to outline a specific behavioral health IPE course at participant's home institutions. (25 mins)
References:
1. World Health Organization. Framework for action on interprofessional education & collaborative practice. Practice. 2010;1-63. Available from: http://www.who.int/hrh/resources/framework_action/en/ 2. Marcussen M, NÃ¸rgaard B, Arnfred S. "The Effects of Interprofessional Education in Mental Health Practice: Findings from a Systematic Review." Acad Psychiatry. 2018 Jul 11. doi: 10.1007/s40596-018-0951-1. [Epub ahead of print]

Addressing Interprofessional Education Competencies with Flexible Curriculum Design

Dusti Annan MD, Medical University of South Carolina
Jeffrey Borckardt PhD, Medical University of South Carolina
Mary Mauldin EdD, Medical University of South Carolina
Holly Wise PhD, Medical University of South Carolina

Background:
Since 2005, the number of medical schools requiring interprofessional education has more than doubled, demonstrating growing recognition of the value of training students from different health professions programs on interprofessional teamwork (AAMC, 2018). Building on a ten-year history of requiring interprofessional education in first and second year curricula, our institution undertook a redesign of IP coursework commencing in 2018 building on growing interest in individualized learning, in which students select from 2 credit hr interprofessional content relevant to their career interests. Course options include population/rural health, clinical and patient-centered care, hospital systems and informatics, high reliability healthcare, teamwork observations, and translational research. We present our curriculum design, data obtained from the IPEC Competency Self-Assessment Tool delivered pre and post course, and the interactive online Required IP Course Preference System.
Objectives:
1. Discuss the benefits and challenges of a flexible learning approach to required interprofessional education 2. Identify ways to apply lessons learned from this project to their own IP curricula. 3. Identify 1 practical strategy for implementing a flexible curriculum at their institution.
Methods:
Approximately 600 students from dentistry, occupational therapy, physical therapy, health administration, medicine, nursing, physician assistant studies, and pharmacy enroll in two, 1-credit hour IP concentration courses of their choosing during the Fall 2018 and Spring 2019 semesters. Pre-survey results of the IPEC Competency Self-Assessment Tool from Fall 2018 indicate that 93% of students surveyed (n=250) Agree or Strongly Agree to all statements on the IPEC competency survey. Over 89% Agreed or Strongly Agreed that the IP Course Preference System was useful, that they were satisfied with their assigned concentration course, and that they valued collaboration with IP students at this point in their education. In addition to IPEC competency survey results and data related to student attitudes, we will also present examples of

course activities and will demo the Required IP Course Preference System used by students to rank order concentration preference.

References:

Association of American Medical Colleges. (2018). Required Interprofessional Education: Schools Requiring the Program. Retrieved from https://www.aamc.org/initiatives/cir/403572/02.html. Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative. Lawn, S. (2016). Moving the inteprofessional education research agenda beyond the limits of evaluating student satisfaction. Journal of Research in Interprofessional Practice and Education, 6(2). Lockeman, K.S., Dow, A.W., DiasGrandos, D., McNeilly, D.P., Nickol, D., Koehn, M.L. & Knab, M.S. (2016). Refinement of the IPEC Competency Self-Assessment Survey: results from a multi-institutional study. Journal of Interprofessional Care, 30(6): 726-731. O'Keefe, M. & Ward, H. (2018). Implementing inteprofessional earning curriculum: how problems might also be answers, BMC Medical Education, 18(132).

You Can Have It All, You Just Can't Have It All, All of the Time: Making Strategic Decisions for Your Academic Career

Brenda Roman MD, Wright State University Boonshoft School of Medicine
Gary Beck Dallaghan PhD, University of North Carolina School of Medicine
Sheritta Strong MD, University of Nebraska Medical Center

Background:

Most medical student educators arrive in their roles with little formal education on teaching; likewise, most academic leaders have had little formal education on leading and developing careers. Instead, our medical culture depends on highly motivated individuals to largely "figure it out themselves."Defining personal leadership goals, identifying skills needed to reach desired goals, and how to best utilize available "person" resources can allow educators to consider next steps in their careers. With an increasing focus on "work-life" balance, making strategic decisions to focus on one's passion within their career, rather than simply "moving on up" is a topic of importance in guiding academic careers.

Objectives:

1. Develop a leadership vision, using "Histories of the Future" 2. Map a network, in order to reach academic goals 3. Identify three action steps in order to achieve academic goals, including the role that mentors or coaches may contribute

Methods:

The workshop will begin with an exercise of describing a "History of Your Futureâ€, a method used to train Olympic athletes among others, in which one vividly imagines alternative futures and how one would explore the actions under one's control. Next, participants will identify the people in their network; in doing so, the participants will evaluate their network with a partner in order to examine the strengths and weaknesses of their networks. Finally, participants will identify and commit to three action steps in order to achieve a measurable academic goal, including the necessary "person" resources. The remainder of the time will be for questions and discussion with the goal that participants will develop greater clarity regarding their academic goals and identifying resources that can help them achieve their goals. Throughout the session, the workshop leaders will share their own experiences, in being "strategic or not" in their careers, so that participants understand that there is not one clear trajectory.

Format: Introduction and overview: 10 minutes "History of Your Future" exercise: 20 minutes "Map out Network" exercise: 20 minutes "Action Steps" exercise: 10 minutes Large group wrap-up: 15 minutes

References:

Center for Applied Research: http:/www.cfar.com What Got You Here Won't Get You There: How Successful People Become Even More Successful, by Marshall Goldsmith, New York: Hyperion, 2007.Center for Creative Leadership Visual Explorer: http://www.leadingeffectively.com/leadership-explorer/

HELP! Hands-on Learning Tools for Clerkship Administrators

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Heather McLaughlin BA, Drexel University
Celeste Thompson-Roach BA, Brown University

Background:
Each Clerkship Administrator has different roles and functions across the country. However, portions of their jobs could be duplicated and enhanced by learning tools to do our jobs more effectively and efficiently. We would like to share ideas and teach other administrators skills to enhance their careers.
Objectives:
1. To show how using different functionalities in Excel/Google sheets, such as V lookups, pivot tables, distribution charts, and IF/AND/OR formulas may increase efficiency and accuracy. 2. Overview of QR codes: How and where to utilize them for Attendance Tracking 3. Google Applications: Scheduling beyond the basics
Methods: Interactive activities with sample data to practice and share ideas.
Format: A few coordinators are going to show examples of different work processes and provide sample data for others to utilize some during the conference and to take back to their institutions as examples to help in their jobs.
References:
Google.com for Calendaring Applications https://support.office.com/en-us/excel

Innovations in Medical Education Posters

1. **Medical Student Interest in C-L Psychiatry Topics**

   Omair Abbasi MD, Thomas Jefferson University

   Background: Many students enjoy their rotations through psychiatry but find themselves conflicted at the thought about "giving up" general medicine in order to pursue psychiatry as a career. C-L psychiatry provides an opportunity for students to witness psychiatrist actively collaborating with other medical professionals to address admissions that were originally for a primary medical purpose. This not only allows students to see the interplay between mental health and physical symptoms but also allows them to experience and practice their psychiatry skillset in the familiar setting of the medical/surgical floors. Clinical or standardized experiences in C-L psychiatry in medical education can allow educators to reach a variety of students that may have not otherwise considered psychiatry as a career. In addition to this, social media can play an important role in keeping medical students abreast of the interplay between medicine and psychiatry as they transition through other rotations, helping retain interest.
   Objectives: 1)To evaluate the level of interest medical students have on the interplay between psychiatry and medicine. 2)To identify the topics in C-L psychiatry in which students appear to be most interested 3) To ascertain medical students' preferred method of dissemination of educational content 4) To identify the types of educational content that medical students prefer when it comes to the use of social media.
   Methods: This brief presentation will be showing the results of a study that I conducted as part of the Medical Student Education Subcommittee at the Academy of Consultation-Liaison Psychiatry. This was a cross-sectional survey study that was sent to the educational leadership at medical schools across the country with the primary goal of obtaining a sample of their psychiatry interest group. To date, there are 363 responses to the survey. The survey was reviewed by the Thomas Jefferson IRB. The survey asked about the questions listed above in order to help create a strategy in recruiting and educating students using a social media platform.

   References

   Meyer, F., Abbasi, O., et al Academy of Psychosomatic Medicine's Medical Student Education Subcommittee. (2017). Medical Student Experiences on Consultation-Liaison Psychiatry Rotations: A Nationwide Survey. Psychosomatics.
   Bourgeois, J. A., Kahn, D., & Servis, M. (2012). Reflections on psychosomatic medicine as a third-year medical student clerkship.... Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 36(3), 240-242.

2. **Interprofessional Hotspotting to Develop Students' Practice-relevant Team Skills**

   Dusti Annan EdD, Medical University of South Carolina (MUSC); Jeffrey Borckardt PhD, MUSC; John McDonald MD, MUSC

   Background: Background Interprofessional student hotspotting has been implemented at other institutions whereby interprofessional teams of students provide a variety of support and intervention services focusing on the care of high-utilizing patients often with complex medical, social, and mental health needs. Design of IP hotspotting programs can be highly variable and are implemented often to provide valuable benefits of problem-based learning (Bedoya, Neuhausen, Down, Brooks, Mautner, & Etz, 2018). To provide "real-world" training on inteprofessional approaches to complex patient care, an interprofessional "hotspotting" course for first and second year students was implemented at our institution Fall 2018 and Spring 2019 and will be completed by at minimum 15 students under supervision of an interprofessional team of faculty preceptors from nursing, medicine, physical therapy, pharmacy, dental medicine, and

mental health. Course design, implementation, challenges and successes, and next steps will be presented.
Objectives: 1. Explain the aims and rationale of developing an interprofessional hotspotting course at MUSC for first or second year trainees. 2. Explain common educational hotspotting curricula designs. 3. Explain benefits of engaging students and faculty preceptors in interprofessional support of complex patients. 4. Explain the challenges and barriers to implementing an interprofessional hotspotting and potential solutions.
Methods: Ten students, five faculty preceptors, and three patients participated in the IP hotspotting course at our institution in the Fall 2018. The course will be offered again in Spring 2019 with similar anticipated enrollment. This poster will present rationale and common approaches to IP hotspotting curricula and the design, implementation, outcomes, challenges and successes of the interprofessional hotspotting course at our institution.
Results: Our IP hotspotting course has been initially well-received by both students and faculty preceptors, though challenges related to scheduling, patient consent, and limited time to ramp up activities and engagement. Our successes, challenges, and next steps will be presented within the broader context of implementing IP hotspotting.
Discussion: Many studies of interprofessional student hotspotting report on the challenges and benefits of implementing such a program. This pilot project will add to this literature and will also present plans for scaling up an interprofessional hospotting program.
References
Bedoya P., Neuhausen K., Dow A.W., Brooks E.M., Mautner D., & Etz R.S. (2018). Student hotspotting: Teaching the Interprofessional Care of Complex Patients, Academic Medicine, 93(1), 56-59. Kuperman, M.R., Salzman, B.; Bonnet, M.; Goldstein, D.; Morlino, A. M.; Priftanji, F.; & Shoemake, J. (2015). Interprofessional student hotspotting project. Collaborative Healthcare: Interprofessional Practice, Education and Evaluation, 6(1).

3. **Coaching Residents to Teach Utilizing Video Review**

David Belmonte MD, MS, University of Michigan Medical School

Background: Residents spend a significant amount of time with medical students in the clinical setting, and devote a significant portion of time teaching them. Moreover, Psychiatry residents are expected to develop as teachers and demonstrate observable teaching skills based on the Teaching Domain of the ACGME Milestones. However, residents may not be provided the resources for learning how to teach. Some residency programs offer Resident-As-Teacher (RAT) curricula, but their effectiveness is unclear.
Objectives: This study examines a novel approach to teaching Psychiatry residents how to teach by incorporating video review and guidance from a faculty coach.
Methods: Senior psychiatry residents led several dedicated classroom sessions on a specific topic during the Psychiatry Core Clerkship. These sessions were video recorded, and medical students evaluated the residents' teaching via an online form. After each session, residents reviewed their video, and wrote a reflection about their teaching performance, identifying areas of strength as well as areas for further development. The faculty coach and resident met to discuss the residents' written reflection and review student feedback. Specific segments of the video were used to demonstrate teaching behaviors. At the end of the experience, the resident and coach provided feedback about the overall process.
Results: Data is still being collected. The goal is to to track residents' teaching performance from each of their teaching sessions based on ratings obtained from the student evaluations, and to report qualitative responses from the coach and coachees' feedback of the process.
Discussion: Experiential teaching coupled with video review, reflection, and coaching from faculty advisors

may provide a method for improving teaching behaviors that can potentially provide positive impact on undergraduate medical education in the Psychiatry Core Clerkship.

References

1. Crisp-Han H, Chambliss RB, and Coverdale, J. Teaching Psychiatry Residents to Teach: A National Survey. Acad Psych 2013; 37(1):23-26. 2. Tan A, et., al. A Novel Resident-as-Teacher Curriculum: the Role of Experiential Learning and Coaching. MedEdPublish 2017. 3. Tripp, TR and Rich, PJ. The influence of video analysis on the process of teacher change. Teaching and Teacher Education 2012; 28:728-739.

4. **Implementing a Neuroscience-based Nomenclature Curriculum into Medical Student Psychiatry Clerkship Didactics**

Abigail Besch MD, University at Pittsburgh Medical Center Western Psychiatric Hospital; Alex Israel MD, University of Pittsburgh Medical Center Western Psychiatric Hospital; Jason Rosenstock MD, University of Pittsburgh Medical Center Western Psychiatric Hospital; Michael Travis MD, University of Pittsburgh Medical Center Western Psychiatric Hospital

Background: Despite increasing knowledge regarding neurobiological mechanisms of a variety of psychotropic medications, psychiatrists continue to use outdated indication-based nomenclature, both in clinical practice and in the classroom. In the current indication-based nomenclature, psychopharmacologic agents are typically divided into one of several classes based on indication: antipsychotics, antidepressants, anxiolytics, hypnotics, mood stabilizers, and stimulants. Many psychiatric medications are used clinically for more than one of these indications (Blier 2017). Recently, a neuroscience-based nomenclature (NbN) was developed through the collaboration of members of five scientific organizations (the American, Asian, European, and International Colleges of Neuropsychopharmacology, as well as the International Union of Basic and Clinical Pharmacology) to address the shortcomings of the current psychopharmacological nomenclature and offer an alternative to the current indication-based naming system (Zohar 2014, 2015). There is currently no literature that explores learner attitudes towards teaching psychopharmacology with either an indication-based nomenclature or NbN at any level of learner education.

Objectives: Assess the need for incorporation of NbN into the psychopharmacology curriculum of a medical student psychiatry clerkship including discussion of the NbN mobile application. Develop a psychopharmacology curriculum for the psychiatry clerkship incorporating NbN.

Methods: Developed a series of three one--hour psychopharmacology lectures and supplemental written materials to be given to third and fourth year medical students during the psychiatry clinical clerkship in NbN format. Incorporated discussion regarding the use of mobile NbN application into clinical rotation. Developed an assessment to collect data about knowledge, skills, and attitudes of medical students regarding psychopharmacology and NbN.

Results: Currently administering the assessment to medical students before and after incorporating NbN into the lecture series. Survey responses will be compared to investigate how using NbN based teaching materials influences medical student knowledge, attitudes, and skills in psychopharmacology.

Discussion: We anticipate drawing conclusions on the feasibility and efficacy of NbN formatted lectures. We hypothesize that a neuroscience-based nomenclature curriculum would result in greater understanding of medication indications and that students' attitudes, skills, and knowledge of NbN would increase following NbN style lectures.

References

1. Blier P, Oguendo MA, Kupfer DJ. Progress on the Neuroscience-Based Nomenclature (NbN) for Psychotropic Medications. Neuropsychopharmacology. 42 (10), 1927-1928 (2017). 2. Zohar, J. et al. nbnomenclature.org - home.

Neuroscience Based Nomenclature (2014). Available at: http://nbnomenclature.org/. (Accessed: 29th August 2017) 3. Zohar, J. et al. A review of the current nomenclature for psychotropic agents and an introduction to the Neuroscience-based Nomenclature. Eur. Neuropsychopharmacol. J. Eur. Coll. Neuropsychopharmacol. 25, 2318-2325 (2015).

5. The Biopsychosocialexistential Pyramid: A Novel Tool for Engaging Medical Students in Multidimensional Assessment

Jason Burns MD, Zablocki VA Medical Center/Medical College of Wisconsin; Himanshu Agrawal MD, Medical College of Wisconsin

Background: Engaging third-year medical students in the process of performing a multi-dimensional clinical assessment is often a challenge. It requires a significant amount of synthesis and interpretation, whereas their medical training leading up to the third-year clerkship has focused primarily on data gathering, reporting, and basic interpretation. Student assessments often have a strong biological component but they are often lacking in psychological and social components and rarely include any existential/spiritual material. Even if students do include good information from the non-biological domains, they often struggle to conceptualize how the domains interact and how to extract the most useful assessment and plan from this interaction.

Objectives: Learners will be able to: Identify challenges of teaching advanced multi-dimensional assessment to medical students Describe the Biopsychosocialexistential Pyramid tool List key elements of each facet ("wall") of Biopsychosocialexistential Pyramid and how to use this model to encourage creative and comprehensive conceptualization of patient's needs. Apply concepts in a simulated case

Methods: We have developed a structural model (pyramid) to help students better understand the various forces at play in a multi-dimensional assessment. The model conceptualizes the four domains of the assessment (Biological, Psychological, Social, and Existential/Spiritual) as the "walls" of four-sided pyramid. Factors from each domain "wall" are conceptualized as physical stresses or supports, influencing the overall structure (and function) of the pyramid. Students work with faculty to identify key factors for each "wall" and develop an assessment which integrates the various "stresses" and "supports" into a clinical assessment.

Results: Since implementing this learning tool we have seen improvement in - 1. Performance on written assessments - specifically the inclusion much more relevant data that's not strictly biological as well as more discussion of interplay; 2. Quality of clinical case conferences - sessions are more dynamic with the frame of the model helping students to venture into deeper analysis/interpretation beyond reporting data. It has also improved the quality of the questions.

Discussion: We are currently working with clinicians from other mental health professions to develop more guidance related to the highest yield aspects in each "wall," with the goal of creating some additional learning modules to enrich our current curriculum.

References

Campbell and Rohrbaugh. The Biopsychosocial Formulation Manual: A Guide for Mental Health Professionals. 2006. Yolam. Existential Psychotherapy. 1980. Stoddard. Religious and Spiritual Issues in Psychiatric Diagnosis: A Research Agenda for DSM-V.. 2011

6. **Problem-Solving Across the Education Continuum: Psychiatry Clerkship Student Exposure to CL Psychiatry Acts As A Tool For Medical Student Recruitment and Improves Resident Call Experience**

Victoria Dinsell MD, New York University School of Medicine

Background: Recruiting students into psychiatry continues to be challenging (1-3). Exposure to CL-psychiatry and positive resident role-modeling during the clerkship have been shown to address this (4,5). Additionally, residents on call experience isolation in terms of time spent alone and in clinical decision-making.

Objectives: -Increase recruitment to psychiatry residencies by exposing students to CL-psychiatry. -

Decrease isolation in clinical decision-making and foster a sense of community for residents on call.
Methods: In previous blocks, students took four calls in our psychiatric emergency program supervised by fellows and attendings. We replaced one call with a CL call supervised by a PGY2. At the start of the academic year, Clerkship Director (CD) met with the PGY2s for a seminar on teaching students which included effective teaching strategies, a discussion of challenging supervisory situations, and practice of how to give feedback. The residents were prepared for this call change by an email and a group meeting. There was no set curriculum but the CD provided a "library" of relevant readings to enhance case discussions.
Results: CD followed up with residents by email to solicit feedback. Residents provided written feedback regarding students' performance. At the end of the clerkship, students completed an anonymous written survey. We share preliminary impressions based on our experience with 18 students and 6 residents. Residents reported that supervising students on call improved their experience by providing opportunities to teach and hone their supervisory skills, and decreased their sense of isolation. Preliminary data from students revealed that on CL call, 40% saw diagnoses that they had not seen during other clerkship experiences. 76% agreed that the environment was conducive to learning. 17% reported that the experience made them more likely to consider a career in psychiatry. 47% felt that they contributed to patient care.
Discussion: Given this early positive experience, this simple change in our framework may have important implications for students and residents. More rigorous evaluation, including a look at how this change may impact the quality of care provided by the team, and longitudinal follow-up of the participants and future clerkship groups, is planned.

References
1. Harper B.L., Roman B.J. (2017) The Changing Landscape of Recruitment in Psychiatry. Academic Psychiatry, 41, 221-225. 2. Spollen J.J., Beck G.L., Briscoe G.W. (2017) Medical School Factors Associated with Higher Rates of Recruitment into Psychiatry. Academic Psychiatry, 41, 233-238. 3. Recent studies and reports on physician shortages in the US. American Association of Medical Colleges, August 2011. https://www.aamc.org/download/100598/data/. Accessed 30 Oct 2018. 4. Leung K, Awanu T, Chima C, Udo I. (2015) What Can Qualitative Studies Reveal About Recruitment Into Psychiatry? Academic Psychiatry, 39, 286-292. 5. Meyer F, Abbasi O, Kasick D, Lee K, Pelic C, Zinser J, Harris T, Funk M. (2018) Medical Student Experiences on Consultation-Liaison Psychiatry Rotations: A Nationwide Survey. Psychosomatics, 59(1), 75-80.

7. **A Novel Approach to Standardization and Resident Involvement in the Psychiatry Clerkship OSCE**

Evan Vitiello MD, University of North Carolina Hospitals; Dana Doctor MD, University of North Carolina Hospitals; Erin Malloy MD, University of North Carolina School of Medicine

Background: Medical schools are increasingly utilizing Objective Structured Clinical Examinations (OSCE) to test competencies of clinical skills in the Psychiatry clerkship. While the goal of these exams is to be structured and standardized, this is often a challenge to execute. We present a unique method of conducting the OSCE for Psychiatry clerkship students which utilizes standardized patients and Psychiatry resident tutors who additionally learn skills for staffing cases.
Objectives: There are a multitude of challenges when creating and implementing an OSCE to test learner's interview skills and case conceptualization. Encounters could be conducted "live" inpatients or with trained Standardized Patients (SPs). If "live" patients are used, there is bound to be a high rate of inter-case variability. If Standardized Patients are used, the chance of variability is much lower, though cases will need to be created and SPs trained. Additionally, reliable evaluation forms are necessary for grading standardization.

Methods: The UNC Psychiatry clerkship has transitioned from the former "live" patient interview to a format that involves Standardized Patients. This requires training SPs to reliably portray planned cases. The established UNC tutoring program, which pairs third-year medical students with PGY2 psychiatry residents for the duration of their clerkship, has been incorporated into the OSCE. Tutors coach students on presentation and case conceptualization skills; this also offers PGY2s a unique early experience of staffing cases.

Results: The UNC Psychiatry clerkship has obtained student feedback regarding their experience of the OSCE with "live" and Standardized Patients. There is an overwhelming preference for utilization of SPs to create a more uniform learning environment, as evidenced by drastic decrease in criticisms of the OSCE in its first year implemented. Additionally, the tutoring program is consistently highly rated by third-year medical students.

Discussion: Overall, UNC students are satisfied with their Psychiatry clerkship experience including individualized coaching sessions designed to simulate clinical encounters with Standardized Patients on the OSCE. We hope to further investigate trends of student performance on the OSCE with "live" patients versus SPs. We also hope to establish a relationship with student performance and clerkship evaluation with implementation of PGY2 resident mentorship.

References

https://www.aamc.org/initiatives/cir/406426/9.html The Psychiatry OSCE: a 20-year retrospective. Hodges et al. Acad Psychiatry 2014 Feb; 38(1): 26-34.

8. **Creating a Clinician Educator Track at the UNC Psychiatry Residency Program**

Dana Doctor MD, University of North Carolina Hospitals; Winston Li MD, University of North Carolina School of Medicine; Evan Vitiello MD, University of North Carolina Hospitals; Brandon Goodman MD, University of North Carolina Hospitals

Background: National organizations have emphasized that teaching is a fundamental aspect of residency training. The Liaison Committee on Medical Education (LCME), the accrediting authority for medical education, has presented requirements for the reporting of how residents are prepared to teach medical students. While the importance of teaching is clearly indicated, there is little formal training or support in developing residents as teachers. Furthermore, obstacles to residents' development as teachers include the demands of clinical duties, lack of protected time, and difficulty in finding mentors and teaching opportunities.

Objectives: To address this aforementioned need, we created a dedicated track of study within the UNC General Psychiatry Residency entitled the Clinician-Educator Track. The track provides mentoring, didactics, simulated practice, teaching opportunities, and support for residents interested in teaching medical students and pursuing academic careers. Another goal of the track is to enhance the overall teaching environment of the psychiatry program and department.

Methods: The creation of the track entailed several components, including (1) garnering support and formal approval from department leadership, (2) creating a curriculum including a didactic seminar series as well as experiential opportunities, and (3) recruiting an initial group of residents to join the track and faculty to lead it. A key element to the track was securing protected time for educational endeavors for residents in the track.

Results: The primary goals of the Clinician Educator Track are to promote the development of residents as teachers and to prepare them for careers in academic positions. These outcomes could be measured by examining items including the overall teaching portfolio of track participants and career choices after

residency graduation. We could also measure track participants' comfort level in teaching compared to non-track participants, as well as medical students' perspectives of the quality of teaching provided by residents in the Clinician Educator Track.

Discussion: This track provides an innovative path that is advantageous for both residents and students. Residents can develop themselves as clinician educators, while promoting the educational agenda of medical students. We hope that in the future this concept can be implemented in a wide variety of residency programs and departments.

References

1. ACGME Program Requirements for Graduate Medical Education in Psychiatry." ACGME, 2 June 2017. 2. Functions and Structure of a Medical School. LCME March 2016.

9. **This Will Only Hurt a Little: Incorporating the Psychosocial Foundation of Pain Perception into Medical Training**

Sonya Freeman MD candidate (UCF COM), University of Central Florida College of Medicine; Anuja Mehta MD, University of Central Florida College of Medicine

Background/Needs Assessment: Treatment of pain, both acute and chronic, is an area of medicine in need of innovation due to the staggering cost, morbidity and lack of patient satisfaction in this area. Psychosocial context, also known as the “placebo component” of therapy, exhibits powerful effects on quality of clinical treatment. For example, Kaptchuk et al demonstrated that open-label placebo pills administered to a group of irritable bowel syndrome (IBS) patients led to reduced symptom severity, as compared to no treatment controls, when the intervention group was told that placebo pills in clinical studies have been shown to produce improvement in IBS symptoms through mind-body processes. It has been found that contextual cues impact pain perception considerably across all medical fields. In medical school and throughout the medical training, discussion of this topic serves as an asset to patient care and a reminder that the physician-patient relationship can impact patient outcome in any specialty.

Objectives: The modulation of subjective pain perception in patients is applicable to many medical sub-specialties. In this poster, we propose a medical school curriculum to teach students about psychosocial factors impacting pain perception throughout all 4 years of training. In the first 1.5 to two years of training, students will receive didactic lectures and information about genesis of pain, differences between acute and chronic pain, and relationship of pain to psychosocial factors. In the clinical years, students will learn about the impact of “placebo” and modulation of pain through positive suggestions via real cases encountered in clerkships, and case discussions.

Methods/Innovation: There is no specific emphasis on teaching medical students about the relationship between pain and psychosocial context and the ability of physicians to modulate their patient’s pain through positive suggestions and placebo. This is an important area of clinical focus due to the morbidity and cost of treating pain disorders in primary care and medical subspecialties. We propose a model curriculum that exposes medical students early on in their training to understanding the biology and psychology of pain as well as give them understanding of factors that can mediate pain.

Results/Evaluation: Studies suggest that using deception to confer positive expectancy of pain relief can elicit analgesic effects in patients and healthy subjects. Once the curriculum is implemented, we will collect student evaluations on the usefulness of the didactics in the preclinical years and ward teaching in the clinical years on students’ ability to feel competent in managing pain through psychosocial interventions in residency.

Discussion/Conclusions: This poster outlines ways to introduce and harness contextual cues in mediating patients’ pain in classroom and clinical settings. This is an important topic for medical students given the morbidity and cost associated with pain disorders.

References

1. Kaptchuk TJ, Kelley JM, Conboy LA, et al. Components of placebo effect: randomised controlled trial in patients with irritable bowel syndrome. BMJ. 2008 May 3;336(7651):999-1003. 2. Freeman S, Yu R, Egorova N, et al. Distinct

neural representations of placebo and nocebo effects Neuroimage. 2015 May 15;112:197-207. 3. Finniss DG, Kaptchuk TJ, Miller F, Benedetti F. Placebo Effects: Biological, Clinical and Ethical Advances. Lancet. 2010 Feb 20;375(9715):686-695. 4. Miller FG, Kaptchuk TJ. The power of context: reconceptualizing the placebo effect. J R Soc Med. 2008 May 1;101(5):222-225. 5. Wechsler ME KJ, Boyd IO, Dutile S, Marigowda G, Kirsch I, Israel E, Kaptchuk TJ. Active albuterol or placebo, sham acupuncture, or no intervention in asthma. N Engl J Med. 2011 Jul 14;365(2):119-126. 6. Amanzio M, Benedetti F. Neuropharmacological dissection of placebo analgesia: expectation-activated opioid systems versus conditioning-activated specific subsystems. J Neurosci. 1999 Jan 1;19(1):484-494. 7. Kaptchuk TJ, Friedlander E, Kelley JM, et al. Placebos without deception: a randomized controlled trial in irritable bowel syndrome. PLoS One. 2010 Dec 22;5(12):e15591. 8. Kong J, Kaptchuk TJ, Polich G, et al. An fMRI study on the interaction and dissociation between expectation of pain relief and acupuncture treatment. Neuroimage. 2009 Sep;47(3):1066-1076. 9. Jensen KB, Kaptchuk TJ, Kirsch I, et al. Nonconscious activation of placebo and nocebo pain responses. Proc Natl Acad Sci U S A. 2012 Sep 25;109(39):15959-15964.

10. **Training Medical School Admissions Committee Members to use Behaviorally-Anchored Questions Using Standardized Applicants**

Brian Fuehrlein MD PhD, Yale University; Jessica Cerdena MPhil, Yale University; Veronica Chiang MD, Yale University; Sharon Chekijian MD MPH, Yale University; D. Ayaska Fernando MS, Yale University; Kathleen Franco MD, Yale University; Barbara Hildebrand BFA, Yale University; Andres Martin MD MPH, Yale University; Michelle Silva PsyD, Yale University; David Smith MD, Yale University; Barbara Watts EdM, Yale University; David Caruso PhD, Yale University; Laura Ment MD, Yale University; Michael Sernyak MD, Yale University

Background: Meta-analyses have shown the superiority of structured behavioral interviews over unstructured interviews in various settings [1]. The holistic evaluation of a medical school applicant should include both cognitive and behavioral criteria. The Yale School of Medicine (YSM) recently revised its interviewing approach by: 1) adding core behavioral attributes for applicant evaluation for which structured interviewing questions and scoring rubrics were developed and 2) training all interviewers to score the questions using standardized applicants (SAs). While standardized patients (actors trained to simulate illness) are routinely used for teaching clinical skills [2], standardized applicants (SAs, actors trained to simulate applicants) are rarely employed to train medical school admissions committee members.

Objectives: To investigate the implementation of this new admissions evaluation strategy for YSM.

Methods: Following review of the literature, 6 core behavioral domains, each with a behavioral operational definition, were identified based on personal values felt to be advantageous or necessary in the successful YSM student. Behaviorally-oriented interview questions and domain-specific scoring rubrics were developed. Detailed scripts representing each of the six domains were written and actors were trained to portray interview responses ranging from poor to excellent. Training sessions gave YSM interviewing committee members an overview of the new interview process and an opportunity to practice interviewing and scoring questions in each of the six behaviorally-oriented domains. Committee members scored all SAs performances in their designated domain and scores were calibrated among members. Members were also surveyed before and after training sessions to gauge their attitude about the process.

Results: Compared with pre-training, post-training surveys showed an increased: belief that structured interviews are better than unstructured interviews for applicant evaluation, belief that proper training for interviewers is important, comfort in performing structured interviews and utilizing domain-specific standardized rubrics, appreciation of the value of SAs, enjoyment of training session and self-reported confidence in ability to judge applicants ($p's<0.001$ for all).

Discussion: The combination of evaluating behavioral domains using structured interview questions and

scoring rubrics and the use of standardized applicants represents a novel approach for selecting medical school applicants and training medical school admissions committee members that was widely accepted by committee members.

References

1. Levashina, J., Hartwell, C., Morgenson, F., and Campion, M. The Structured Employment Interview: Narrative and Quantitative Review of the Research Literature. Personnel Psychology, 67:241-293, 2014. 2. Barrows, H. An Overview of the Uses of Standardized Patients for Teaching and Evaluating Clinical Skills.

11. **Investigation of the Use of Computer Enhanced Mannequins to Improve Knowledge and Comfort Level of Treatment of Alcohol Withdrawal and Lithium Toxicity in an Emergency Room Setting**

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Background: Computer-enhanced mannequin (CEM) simulation has been widely adopted in other fields of medicine, but is rarely used in psychiatry education. Educators at Yale School of Medicine developed a CEM activity for the psychiatry clerkship involving a case of alcohol withdrawal and lithium toxicity in the emergency room setting.1 The impact on student knowledge acquisition of this CEM is unclear.
Objectives: The present study aimed to expand the CEM activity to additional institutions and to objectively examine knowledge acquisition and confidence and enjoyment by students.
Methods: Clerkship students at UT Southwestern, Dell, and Yale Medical Schools completed an anonymous assessment consisting of 20 questions before and after the CEM activity. Additional questions included preference for CEM activities, confidence in their knowledge, and ability to relate to the simulator.
Results: At UT Southwestern, 116 out of 150 students completed the questionnaires (77%). There was a significant difference in pre- and post-test questions regarding alcohol withdrawal and lithium toxicity. There was also significant improvement in students' opinions that CEM sessions were an effective teaching strategy and that CEMs were easy to treat as real patients. Data collection and evaluation at Dell and Yale Medical Schools is still currently underway and results will be available at time of poster presentation.
Discussion: Students gained knowledge and also felt that the CEM experience increased their confidence in treatment of these patients. These results suggest that these CEM activities can be useful learning tools that aid in knowledge acquisition and are enjoyable to students, even within psychiatry where it is not traditionally used.

References

1 Bhalla IP, Wilkins KM, Moadel T, Wong AH, Trevisan LA, Fuehrlein B. Alcohol withdrawal and lithium toxicity: a novel psychiatric mannequin-based simulation case for medical students. MedEdPORTAL. 2017;13:10649. https://doi.org/10.15766/mep_2374-8265.10649

12. **Demonstration of a Mental Status Exam e-Module**

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Background: With the support of a 2016 ADMSEP Clinical Skills Initiative grant, our team created a multimedia e-module on the mental status exam (MSE) for self-study that will soon be available for national use. The need for a MSE e-tutorial is high not only because it is a complex exam with many findings, but because there is a need for engaging and efficient pre-classroom content for use in our active learning methodologies. Although a multimedia format is ideal for teaching the MSE (1-2), we could find no comparable MSE learning modules that are presently available for widespread use.

Objectives: 1. View a MSE e-module on one of several computer stations. 2. Engage in a discussion about the construction, format, content, use, and consent process for the module. 3. Volunteer to become a peer-reviewer and/or a pilot site to refine this learning resource.
Methods: Our module uses photographs, film clips, audio clips, and artwork to illustrate various aspects of the mental status exam. It was based on an existing module at the University of Vermont Larner College of Medicine (UVMLCOM), the contents of which were either not copyright permissible or not consented for national use. Wherever possible, we obtained patient-generated materials (audio, visual, art, etc.) to provide a more compelling and authentic learning experience.
Results: Our module is still under development so we have no outcome data yet. However, we studied its predecessor at the UVMLCOM in 2017. Of 61 2nd year medical students who responded to a voluntary survey, 71% of students randomized to view the old module agreed or strongly agreed that the module was effective compared to 48% of students assigned to read a Kaplan and Sadock chapter. Of students who viewed the module, 96% found it easy to navigate and 89% thought the media used in the module was relevant and useful.
Discussion: We believe our e-module on the MSE will be a valuable and accessible resource for medical education across the country. We plan to complete it after incorporating peer input and implement a multi-site effectiveness study in the Fall of 2019 with the help of our ADMSEP colleagues.
References
1) Xie et al. The effectiveness of using non-traditional teaching methods to prepare student health care professionals for the delivery of mental state examination: a systematic review. JBI Database of Systematic Reviews & Implementation Reports. 2015; 13(7) 177-212. 2) Mankey VL. Using Multimodal and Multimedia Tools in the Psychiatric Education of Diverse Learners: Examples From the Mental Status Exam. Academic Psychiatry. 2011;35(5):335-339.

13. *2019 ADMSEP Trainee Travel Award Recipient*

Medical Student Psychiatry Clerkship Feedback After Implementation of a Resident as Teacher Curriculum

Caitlin Lawrence MD, Warren Alpert Medical School of Brown University; Michelle Parker MD, Warren Alpert Medical School of Brown University; Alison Manning MD, Duke School of Medicine; Elizabeth Lowenhaupt MD, Warren Alpert Medical School of Brown University

Background: The ACGME has mandated resident teaching as one of its core competencies (1), and the LCME requires that residents receive training and feedback regarding effective teaching (2). Psychiatry residents rarely receive formal instruction in teaching, are often involved in teaching medical students (3), and often desire additional instruction in teaching (4). Medical students may value resident teaching due to factors including approachability, cognitive congruence, and social congruence (4). While Resident-as-Teacher (RaT) curriculums have been developed as a model for teaching near-peer learning techniques to residents, objectively measuring the effect of these programs on medical student learners is important. (4)
Objectives: 1. To outline the three-phase implementation of a formalized RaT curriculum for training psychiatry residents to teach medical students at Brown University 2. To assess learners' experience of their psychiatry clerkship before and after the implementation of RaT, reflecting the impact of resident teaching
Methods: Brown University psychiatry residents have received progressive instruction in teaching skills during a 3-year, 3-phase implementation of a RaT program, which now includes formal didactics in teaching, opportunities for teaching small groups of medical students during clinical rotations, and giving formal lectures to medical students under close mentorship from academic faculty. Medical student

evaluations have been collected before, during, and after implementation of the RaT program. Resident teachers receive instruction on interpreting and responding to this feedback though adaptations in teaching.

Results: This poster will provide a qualitative and quantitative analysis of medical student course and seminar data to demonstrate the impact of the RaT program on 1) the overall psychiatry rotation and 2) specific didactic seminars taught by residents.

Discussion: Quantitative and qualitative analysis of medical student feedback indicates a more positive clerkship experience when residents receive formal training in teaching. Limitations of this analysis include changes in feedback methodology during RaT implementation, and a post-hoc study design that does not necessarily control for the multiplicity of factors that influence medical student learning and performance. Future studies could include an investigation of the relationship between RaT programs and medical student performance on shelf exams or recruitment into psychiatry.

References

1. Common Program Requirements: General Competencies. Accreditation Council for Graduate Medical Education, 2017. https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf 2. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. Liason Committee on Medical Education, March 2018. http://lcme.org/publications/ 3. Swainson, J., Marsh, M., Tibbo, P.G. (2010). Psychiatric Residents as Teachers: Development and Evaluation of a Teaching Manual. Academic Psychiatry 34(4), 305-309. 4. Ramani, S., Mann, K., Taylor, D., & Thampy, H. (2016). Residents as teachers: Near peer learning in clinical work settings: AMEE Guide No. 106. Med Teach, 1-14. doi: 10.3109/0142159X.2016.1147540.

14. **Assessment of Student-run Mental Health Clinics Using Patient Satisfaction and Impact on Student Volunteers**

Jesse Tobias Martinez, Jr. MD, UAB School of Medicine; Joseph Granade, UAB School of Medicine,

Background: UAB Psychiatry's initiative to improve access to mental health services and increase exposure of medical students to the field of psychiatry, two student-run clinics were established. The Equal Access Birmingham Mental Health Clinic (EAB MHC), a free clinic and the UAB Student Psychiatry Clinic (UAB SPC) an insured clinic serving the community. The Community Psychiatry Program's (CPP) is Medicaid-based state-funded ambulatory clinic serves population similar to EAB.

Objectives: Determine efficacy of student-run mental health clinics in providing high-quality patient care. Evaluate impact of volunteering on students' perception of Psychiatry and comfort in providing care for patients with behavioral health concerns.

Methods: Study utilized Mental Health Statistics Improvement Program (MHSIP) survey, a standardized 59-item, 5-point Likert scale survey used for annual reporting to Centers for Medicare and Medicaid by state-funded clinics such as the CPP. Survey questions are separated into seven domains: Satisfaction, Access, Treatment Planning, Quality, Participation, Outcomes, Functioning, and Social Connectedness. P-values were determined using two proportion z-tests considering "strongly agree" vs all other responses. Student survey data was analyzed by two sample t-test considering the Likert data ordinally to determine p-values.

Results: For comparison to CPP's 177 collected surveys, 38 EAB and 25 UAB patients responded. EAB MHC exceeded CPP by a significant margin across 5 out of 7 MHSIP domains, while the UAB Clinic met all its comparator standards with no significant differences in any of the domains. Student evaluation yielded 33 volunteer surveys and 72 non-volunteer surveys. Statistical differences were present in 7 of the 10 common questions, most notably in perceived ability to discuss emotion, abuse, and suicide.

Discussion: Medical student-run health clinics may be a potential solution to the maldistribution of

healthcare access in Birmingham. Volunteering at student-run mental health clinics was associated with significantly increased perceived skill in interacting with patients in a mental health setting and discussing emotionally difficult issues. Student volunteer responses were positive with 80% of volunteers agreeing the clinic helped them stay connected to their sense of purpose during medical school, further supporting our clinic's utility, not only as a clinical educational tool, but also as an important facet of UAB's hidden curriculum.

References

1) Nguyen T. Parity of disparity: the state of mental health in America. http://www.mentalhealthamerica.net/sites/default/files/Parity%20or% 20Disparity%202015%20Report.pdf. Published November 2014. Accessed July 3, 2018. 2) Simpson, S. A., & Long, J. A. (2007). Medical student-run health clinics: Important contributors to patient care and medical education. Journal of General Internal Medicine, 22, 352-356.

15. **Open CaSe: Development of an Assessment for Student Preparedness for Step 2 CS Psychiatric Complaint**

Michael Miller MD, University of Texas Medical Branch; Dawnelle Schatte MD, University of Texas Medical Branch

Background: Step 2 Clinical Skills (CS) is required for licensure and often required for medical school graduation. The exam increasingly influences matching into residency (1), and partly correlates with internship performance (2). Failure means delayed graduation, poorer match, and more limited career options. Our medical school's CS scores are below the national average (3). A goal directed activity with feedback is the best use of time and best predictor for future learning and practice (4), pushing for the creation of this activity, so students have earlier exposure to the test feedback with quick feedback, so they have more time and higher likelihood to practice, improve, and pass.

Objectives: The purpose of this activity is to integrate Step 2 CS case practice earlier into the medical school experience and tie it into the psychiatry clerkship. While applying knowledge and clinical thinking learned in psychiatry, the primary goal of this activity is to prepare the students for thinking and performing within the format of Step 2 CS, and to give feedback for improvement, all to encourage further study and practice to pass the test.

Methods: At the midpoint of the rotation, students watch a brief video interview and review a handout folder as in Step 2 CS that contains a face sheet with vitals and any related paperwork (e.g. clock-drawing screening, completed questionnaires, etc.), similar to the real Step 2 CS testing environment. Students then have 15 minutes to complete a Patient Progress Note in the Step 2 CS format. The authors grade the note on a case specific rubric and give the student feedback.

Results: We will present the information from the post-encounter survey and grade distribution.

Discussion: Creating standardized note writing assignments creates a meaningful assessment to add to the wealth of data about student performance. We learned what works best to make grading easier (a standard rubric and plan), how to prepare students for the encounter, and about our students' strengths and weaknesses at the end of rotation.

References

1. Singer, Mona. "How Competitive is the Match?" Presentation. NRMP. Originally given 13 November 2016, accessed 6 July 2018. http://www.nrmp.org/wp-content/uploads/2016/11/Signer-AAMC-Annual-Meeting-2016.pdf 2. Taylor et al. "The Relationship Between the National Board of Medical Examiners' Prototype of the Step 2 Clinical Skills Exam and Interns' Performance." Acad Med. 2005; 80: 496-501 3. "Student Achievement." UTMB Office of Institutional Effectiveness: https://www.utmb.edu/oie/reporting/student-achievement 4. Ambrose et al. Chapter 5: "What Kind of Practice and Feedback Enhance Learning?" How Learning Works. San Francisco: Jossey-Bass, 2010.

16. **Improving Medical Student Resilience Through an Enhanced Observational Arts Curriculum**

Sarah Miller MD, Temple University; David Pioquinto BA, Lewis Katz School of Medicine; Leslie Weaver BA, Lewis Katz School of Medicine; Adam Rizzo MA, Philadelphia Museum of Art; Suzannah Niepold MAT, Philadelphia Museum of Art; Scott Shore PhD, Lewis Katz School of Medicine; Douglas Reifler MD, Lewis Katz School of Medicine; Jessica Kovach MD, Temple University Hospital

Background: Medical student engagement in medical humanities has been shown to correlate with improvement in important physician qualities and decreased burnout (2). Visual-arts based training is a cornerstone of this type of curriculum and has been postulated to enhance observational skills and mindfulness(3), which has been reflected in museum-based programs that have been associated with professional well-being and improving trainee empathy and communication(4). An observational arts elective was developed for LKSOM in partnership with the Philadelphia of Art in 2016. In 2018-2019, this curriculum was redesigned to incorporate mindfulness-based and yoga modules in a museum setting. In order to analyze potential associations with burnout, quality of life, and mindfulness, students will be asked to complete an anonymous on-line instrument before and after the course.

Objectives: 1. To describe the design and evolution of the LKSOM observational arts elective

2. To describe quality of life, well-being, and burnout measures pre-and post-course in participants.

Methods: Students in the art-training group will be taught by professional art-educators at the Philadelphia Museum of Art, during 6 custom-designed, 1.5-hour art observation sessions over a 4-month period. Topics include several cognitive themes, based on the Artful Thinking approach that will serve as prompts for the students to observe, discuss, and interpret the paintings based on visual evidence. Mindfulness exercises and yoga sessions within the museum space are new additions to the course.

Results: Initially, 14 students registered for the course - 8 MS1 students and 6 MS4 students. All but 2 of the MS4s dropped out of the course because of course conflicts. All course participants were asked to complete voluntary, pre and post-course anonymous on-line surveys; correspondingly, the surveys were distributed to a control group, currently made up of 38 MS1s. The survey included the Multi-cultural Quality of Life Inventory, Oldenburg Burnout Inventory, and Five Facet Mindfulness, as well as several open-ended response questions to gauge interest in medical humanities courses. The pre and post-course survey change scores differences between the two dimensions of the OLBI, the weighted score of the FFMQ and the average score of the MQLI will be compared to that of the control group.

Discussion: Given the national well-being and burnout crisis facing medical education(5) further study of curricula that may promote resilience and mindfulness, and therefore help prevent burnout, is needed. The study of medical humanities curriculum in this context has been limited(6). The results of this Spring 2019 Artful Thinking elective will be discussed in this context.

References:

1. Holly C. Gooding, Mariah Quinn, Barbara Martin, Alexandra Charrow & Joel T. Katz (2016) Fostering Humanism in Medicine through Art and Reflection, Journal of Museum Education, 41:2, 123-130, DOI:10.1080/10598650.2016.116973

2. Mangione, S., Chakraborti, C., Staltari, G. et al. J GEN INTERN MED (2018) 33: 628. https://doi.org/10.1007/s11606-017-4275-8

3.Jasani, Sona & S Saks, Norma. (2013). Utilizing visual art to enhance the clinical observation skills of medical students. Medical teacher. 35. 10.3109/0142159X.2013.770131.

4. Zazulak J, Sanaee M, Frolic A, et al. The art of medicine: arts-based training in observation and mindfulness for fostering the empathic response in medical residents Medical Humanities 2017;43:192-198.

5. Noori, S, Blood, A, Meleca, J, Kennedy, V, Sengupta, D. Current directions in medical student well-being. Col Med

Rev. 2017 March 6; 1(2): 10-19. doi: 10.7916/D8806DJX
6. Lebensohn P, Dodds S, Benn R, Brooks AJ, Birch M, Cook P, Schneider C, Sroka S, Waxman D, Maizes V. Resident Wellness Behaviors: Relationship to Stress, Depression, and Burnout. Fam Med 2013;45(8):541-549.\r\n

17. *2019 ADMSEP Trainee Travel Award Recipient*

Flipping the Classroom During Clinical Years: Engaging the Students in the Learning Process Via Peer Instruction Groups

Andrew Obritsch MA, University of North Dakota School of Medicine and Health Sciences; Gabriela Balf-Soran MD MPH, UND

Background: The traditional teaching methods have proven to be less effective in the current fast-changing medicine environment. Our students are millennials, who prefer teacher accessibility and self-learning over passive presentations, interactive applications of knowledge over regurgitation of learned bits of information. Since Mazur's original change of the learning model: gaining knowledge and comprehension outside the classroom and focusing on higher levels of cognitive work (application, analysis, synthesis, etc) in class, its application to the medical field has been lagging behind other science fields. The data about the usefulness of the flipped classroom model for STEM is well-established (see the 2014 meta-analysis). We do not have similar data for the medical field, and no information about pre-clinical vs. clinical years applicability. There are several recent initiatives in the field at the University of Vermont Robert Larner College of Medicine, Stanford and Rush Medical School; we have yet to find good published data on its outcomes, especially stratified in pre-clinical and clinical years. At the 2018 ADMSEP session, Dr. Harper presented a flipped classroom model for MSII (preclinical year) that was very well received.
Objectives: Our pilot study is an attempt to answer the question: can a flipped classroom model be successfully used in the clinical years, with its administrative and logistical restrictions? (small size classrooms, scheduling difficulties, etc.). How does it compare to the traditional lecture-based model?
Methods: The pilot study consists of a naturalistic observational study in two comparable cohorts, one exposed to the new teaching model and one following the model as usual. UND School of Medicine has four campuses, two of which get a roughly equal number of students in a randomized fashion (lottery). One campus (Bismarck) started the flipped classroom model for classes traditionally presented as lectures, while the other campus (Fargo) continued the existing model for the same classes. The outcomes collected were: quantitative: NBME scores and qualitative: the mandatory evaluations of the classes, along with the comments offered in real time during the flipped classroom.

References

1. Waljee JF, Chopra V, Saint S. Mentoring Millennials. Jama. 2018;319:1547-1548. 2. Crouch CE, Mazur E. Peer Instruction: Ten Years of Experience and Results. Am J Phys. 2001;69:970-977. 3. Freeman S, Eddy SL, McDonough M, Smith MK, Okoroafor N, Jordt H, Wenderoth MP. Active learning increases student performance in science, engineering, and mathematics. Proceedings of the National Academy of Sciences. 2014;111:8410-8415. 4. Harper BA, L.: Flipping the Way You Learn: How to Effectively Adapt Traditional Lectures into Active Learning. ADMSEP; 2018.

18. *2019 ADMSEP Trainee Travel Award Recipient*

Do As I Do, Not as I Preach: Can We Address Medical Student Stress and Burnout by Teaching Selected CBT and DBT Skills as a Mandatory Experiential Learning During the MSIII Psychiatry Clerkship?

Andrew Obritsch MA, University of North Dakota School of Medicine and Health Sciences; Gabriela Balf-Soran MD MPH, UND

Background: Background: Physician stress and burnout have relentlessly increased over the last decade. Medical students represent a particularly vulnerable subset of this population. Primary and secondary preventative methods have included the offering of an optional wellness class, short-term online CBT

interventions, mindfulness-based stress reduction programs, etc. Despite the well-established effectiveness of these methods, students do not universally adopt them, partly due to the optional feature: they prefer to focus on activities with high academic yield. The rare studies of mandatory stress management interventions consist of highly organized, intense, large scale, costly interventions that medical schools in rural states find difficult to implement. There have been many dismantling studies where less expensive interventions proved to have comparable effectiveness to large interventions.
Objectives: Determination of the effect of a short-term targeted intervention presented as a mandatory activity on the physician stress and burnout, short- and long-term.
Methods: The pilot study consists of a naturalistic observational study in two comparable cohorts, one exposed to the mandatory activity and one following the usual didactics. UND School of Medicine has four campuses, two of which get a roughly equal number of students in a randomized fashion (lottery). One campus (Bismarck) started teaching two 1 hour classes: one for the CBT model and its application, and one for the DBT principles and selected skills, both presented in an experiential fashion. We studied the routinely collected outcomes: quantitative: NBME scores and qualitative: the mandatory evaluations of the classes, along with the comments offered in real time during the experiential classes. UND also collects data regarding students' stress and well-being as part of another study, and we have received our IRB permission to use it.

References
1. Dyrbye LN, West CP, Satele D, Boone S, Tan L, Sloan J, Shanafelt TD. Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. Academic medicine : journal of the Association of American Medical Colleges. 2014;89:443-451. 2. van Dijk I, Lucassen P, Akkermans RP, van Engelen BGM, van Weel C, Speckens AEM. Effects of Mindfulness-Based Stress Reduction on the Mental Health of Clinical Clerkship Students: A Cluster-Randomized Controlled Trial. Academic medicine : journal of the Association of American Medical Colleges. 2017;92:1012-1021. 3. Dyrbye LN, Shanafelt TD, Werner L, Sood A, Satele D, Wolanskyj AP. The Impact of a Required Longitudinal Stress Management and Resilience Training Course for First-Year Medical Students. Journal of general internal medicine. 2017;32:1309-1314. 4. Cuijpers P, Cristea IA, Karyotaki E, Reijnders M, Hollon SD. Component studies of psychological treatments of adult depression: A systematic review and meta-analysis. Psychotherapy research : journal of the Society for Psychotherapy Research. 2017:1-15.

19. **Use of a Senior Resident Elective to Improve Teaching of Clinical Skills to Psychiatry Clerkship Students**

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Background: Students' perception of the quality of the clerkship is largely tied to the extent to which they perceive that their clinical skills were observed by supervisors. Making use of senior residents in a formal, scheduled setting to observe and give feedback on clinical skills presents an opportunity to enhance medical student education and develop senior psychiatry residents as teachers. This elective also helps to satisfy Liaison Committee on Medical Education (LCME) Standard 3.1 regarding resident participation in medical student education.
Objectives: 1. Incorporate senior residents into medical student education as a formal rotation focused on teaching clinical skills. 2. Review data from the Graduation Questionnaire (GQ) at the University of Alabama at Birmingham School of Medicine demonstrating how improvement in percentage of students reporting they had been observed performing an interview and mental status exam mirrors improvement in overall quality of the clerkship.
Methods: This rotation was newly created for PGY4 general psychiatry residents to give them a regularly scheduled opportunity to observe medical students performing a full psychiatric interview. After the interview, the student presents the case, including the histories, mental status exam, and differential diagnosis, to the supervising resident. The session concludes with feedback provided by the resident to the student. The resident is scheduled for this elective one half-day per week. Every medical student

enrolled in the psychiatry clerkship has a scheduled appointment for an observed interview.
Results: This elective was offered to residents beginning in July 2015. GQ data from 2016 (which reflects students who rotated on the clerkship in academic year 2014-15) shows that 90.4% of students reported being observed taking relevant portions of a history. The following year, 100% of students reported being observed. A notable correlation is that the percentage of students reporting the quality of the clerkship as "good" or "excellent" increased from 85.1% to 95.4% over this same time period.
Conclusions: Having clinical skills observed in a formal setting by a senior resident likely improved our students' perception of the quality of the psychiatry clerkship.

References
Functions and Structures of a Medical School. Liaison Committee on Medical Education, American Association of Medical Colleges, 2017.

20. **Samosa: An inclusive South Asian Interdisciplinary Student Interest Group Across the University of Tennessee Health Sciences Campus**

Jyotsna Ranga MD, University of Tennessee; Itriqua Fazili MD class of 2021, University of Tennessee; Radha Patel MD class of 2021, University of Tennessee

Background: About 27% of medical students struggle with depression. Burnout is at a critically high level in physicians and other health professionals. The 3rd year of medical school has been described as the dark year when empathy has been noted to drop. South Asian students suffer additional barriers. They have grown up being labelled as the perfect model minority. They have experienced stereotyping and racial bias. They have had to straddle 2 cultures, sometimes misunderstood by both. Among college students with mental illness ~½ of the white students received treatment compared to 1/3 Latino students, ~¼ Asian and African American students. Asian American college students had the lowest level for perceived need for mental health treatment and had 1.6 times higher risk of suicidal thinking. Stigma is a considerable barrier preventing Asians from seeking mental health. Mentoring may be an easier way to obtain support and improve wellness and open up a path to treatment, if necessary.
Objectives: To set up an informal culturally sensitive social / mentoring program for Asian students
Methods: To form a South Asian Student interest group with students from different health professions, residents and faculty, To have regular events and activities To build a sense of community and support that students can draw upon in times of stress

References
Applying to Harvard as an Asian-American. (2018, June 28). Retrieved from https://www.nytimes.com/2018/06/28/opinion/harvard-asian-americans-admissions.html Cover Story: Parenting in America. (n.d.). Retrieved from http://www.khabar.com/magazine/cover-story/cover_story_parenting_in_america.aspx Editors, P. A. (2017, October 08). Why Are Asian American Kids Killing Themselves? - Plan A Magazine. Retrieved from https://planamag.com/why-are-asian-american-kids-killing-themselves-477a3f6ea3f2 Elias, P. (2015, September 23). The Silence About Mental Health in South Asian Culture Is Dangerous. Retrieved from https://newrepublic.com/article/122892/silence-mental-health-south-asian-culture-dangerous Garg, M. (2018, June 22). Opinion: Traditional Asian, Indian cultures contribute to stigmatization of mental illness. Retrieved from https://www.mercurynews.com/2018/06/23/opinion-traditional-asian-indian-cultures-contribute-to-stigmatization-of-mental-illnes Indian Americans. (2018, October 04). Retrieved from https://en.wikipedia.org/wiki/Indian_Americans Nissirios, K. S., Levitt, W. G., & Pimentel, J. (2017, July 10). An Asian-American Adolescent with a Suicide Attempt. Retrieved from https://www.healio.com/psychiatry/journals/psycann/2017-7-47-7/{bfff8192-a5ad-40a6-9d6a-f4451ea7fe7a}/an-asian-american-adolescent-with-a-suicide-attempt Office of the Surgeon General (US). (n.d.). Chapter 2 Culture Counts: The Influence of Culture and Society on Mental Health. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK44249/ Raising Bicultural Children: Being Indian, Being American. (2018,

April 10). Retrieved from http://hybridparenting.org/raising-bicultural-children-being-indian-being-american Staff, E. (2018, September 11). India Facts: 66 Interesting Facts About India. Retrieved from http://thefactfile.org/india-facts/ Srivastava, K., Chatterjee, K., & Bhat, P. S. (2016). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479084/ Thomas, M. (2018, March

21. **The Tao of Teaching: Developing a reflective practice in medical students to develop resilience**

Jyotsna Ranga MD, University of Tennessee Health Sciences Center; Renate Rosenthal PhD, University of Tennessee; Taiane Ferrari MD class of 2019, University of Tennessee; Sunny Mattancheril MD class of 2020, University of Tennessee; Radha Patel MD class of 2021, University of Tennessee; Irtiqua Fazili MD class of 2021, University of Tennessee; Raghav Ranga BS class of 2020, Georgetown University

Background: Burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment. It is at a critically high level in physicians.Physician suicide has increased from 4%-7.2%. Doctors are 15x more likely to burn out than professionals in any other line of work. Burnout is a social phenomenon that has both institutional and individual contributing factors. Resilience training with mindfulness, humanism and reflective practice may help physicians to combat burnout.

Objectives: To assess baseline reflective practice in medical students by providing a brief survey To provide a structured critical reflection exercise about a meaningful clinical experience in the Psychiatry Clerkship To gather data at the end of the Clerkship to assess how helpful the medical students found it and whether they will use it in the future.

Methods: Students are asked to reflect on a meaningful event in the clinical setting and write down the following details. When, where? Why? Who else was there? What did you do/ What did you not do? What did they do/ What did they not do? What happened? Feelings before, during and after the event What went well? What did not go well? What was your contribution How did others contribute What assumptions are you making? What insights are now available to you? What will you do differently? What skills do you need to achieve this ? How will you accomplish this? Students have the option to share their reflections in small groups

Results: We will obtain data from a survey on the students experience with the reflective exercise

Discussion: To see if this simple reflective exercise gave the students pause, and helped them connect with themselves and their goals in medicine and if so we could disseminate to other clerkships to continue building resilience

References

Bolton, G. (2010) Reflective Practice: Writing and Professional Development. Sage, London Jasper, M. (2003) Beginning Reflective Practice. Nelson Thornes, Cheltenham. Kolb, D. (1984) Experiential Learning as the Science of Learning and Development. Prentice Hall, New Jersey Marton, F., Hounsell, D. and Entwistle, N. (eds) (1997) The Experience of Learning. Scottish Academic Press, Edinburgh McGilchrist, I. (2010) The Master and his Emissary. Yale University Press, New Haven and London Mezirow, J. (1991) Transformative Dimensions of Adult Learning. Jossey-Bass, San Francisco. Moon, J. (1999) Reflection in Learning and Professional Development, Kogan Page, London Schon, D. (1983) The Reflective Practitioner. Jossey Bass, San Francisco [Brochure]. (n.d.). Retrieved October 7, 2018, from https://www.cipd.co.uk/Images/reflective-practice-guide_tcm18-12524.pdf Physician Resilience: What It Means, Why It Matters, and... : Academic Medicine. (n.d.). Retrieved from https://journals.lww.com/academicmedicine/fulltext/2013/03000/Physician_Resilience___What_It_Means,_Why_It.12.aspx Wiederhold, B. K., Cipresso, P., Pizzioli, D., Wiederhold, M., & Riva, G. (2018). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6034099/

22. **Final Preparations for Residency: A Psychiatry Bootcamp for Senior Medical Students**

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of Medicine; Jody Glance MD, University of Pittsburgh School of Medicine

Background: Medical students approaching graduation often worry about readiness for residency. Some schools have instituted "bootcamps" as a way to address this anxiety: capstone experiences late in fourth year to enhance confidence and address readiness gaps (1-2). To date, few psychiatry bootcamps have been described (3). We wish to share our experience creating a new bootcamp for senior medical students entering psychiatry residencies.

Objectives: To assess the feasibility of a psychiatry bootcamp; To identify ways to improve bootcamp experiences

Methods: We designed a classroom-based psychiatry bootcamp integrated with school-wide capstone offerings for senior students at the University of Pittsburgh School of Medicine. The goal was to help learners feel more confident and competent in activities they are likely to engage in as new residents, particularly those around care provision: assessment and management, teamwork/professionalism, and identifying and redressing knowledge/skill gaps. Bootcamp consisted of 45 hours of active learning activity over four weeks, the month before graduation. A major focus was the creation and monitoring of individualized learning plans to help students identify and address readiness gaps. We tracked attendance (expected, not required) and learner satisfaction.

Results: Ten of 14 invited students participated, with daily attendance averaging 3.5, declining as the bootcamp progressed. Students rated overall quality as 4.2 (5=best, n=5), noting that the bootcamp met its objectives. Students appreciated the "engaging and interesting" sessions and "real-life examples." They particularly valued individualization, which allowed for flexible attendance and personal goal-setting. Some thought the volume of material too broad; students and faculty felt the bootcamp occurred too late in the year, which led to conflicting priorities.

Discussion: This experience adds to the literature supporting the feasibility (and challenges) of psychiatry bootcamps as a capstone for senior medical students. Our topics were relevant; sharpening and disseminating such experiences could improve student readiness for residency. Future areas for study include assessing objective measures of skill attainment or residency outcomes, and the most effective timing.

References

1. Morgan H, Skinner B, et al. "Improving the medical school-residency transition." Clin Teacher 2017; 14:340-343. 2. Teo AR, Harleman E, et al. "The key role of a transition course in preparing medical students for internship." Acad Med 2011; 86:860-5. 3. Schatte D, Gavero G, et al. "Field Guide to Boot Camp Curriculum Development." Acad Psychiatry 2018.

23. **"Describe What You See": A Pilot Project in Converting PBL from Text to Videos in Preclinical Psychiatry Education**

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Background: Problem-Based Learning (PBL) is a commonly utilized teaching method in preclinical medical student education (1). These activities consist of cases that students work through in small groups with a faculty facilitator. At our institution, the cases are typically presented in text format with progressive disclosures as the case unfolds. However, important concepts of the psychiatric interview, including mental status examination findings, are difficult to learn (2). Video has been extensively used in psychiatric teaching to illustrate these concepts (3). A recent search on MedEdPORTAL revealed no psychiatric PBL cases employing video. In an effort to improve student engagement and understanding of observable psychiatric findings, we replaced text PBL cases with videos to stimulate discussion and problem solving in

small groups facilitated by faculty who do not have training in behavioral health.
Objectives: 1. Develop and pilot a series of progressive-disclosure PBL cases that use videos of simulated psychiatric patient encounters. 2. Assess student attitudes when text is replaced by video in PBL.
Methods: Three video PBL cases were developed to teach pertinent concepts in diagnosis of depression, psychosis, and peripartum mood disorders. The videos employed psychiatric residents as actors to reduce cost and enhance authenticity. The cases were piloted during weekly PBL sessions in the second-year medical student Brain and Behavior course. A separate facilitation guide was developed describing key teaching points of each case disclosure, and offering suggestions to help faculty, who were not experts in behavioral health, facilitate student discussion. A 30-minute training session was held with faculty facilitators prior to each session to review the case. The activity was assessed by standard end-of-course evaluations.
Results: 120 second-year medical students participated in the pilot project. Each case took approximately 1 hour for groups to complete. 92% of students on end-of-course evaluations reported that the videos used in PBL increased the authenticity of the cases. 91% of students reported that PBL sessions enhanced their learning of course content.
Discussion: Video-based PBL is an engaging method to teach psychiatric principles including mental status examination/observation and diagnosis in preclinical psychiatric education. Additional work is needed to evaluate skills retention.

References
1. Kinkade S. A Snapshot of the Status of Problem-Based Learning in U.S. Medical School, 2003-4. Academic Medicine (2005) 80(3): 300-301. 2. Arnfred S, Gefke M, Hoegh E, Hansen J, Fog-Petersen C, Hemmingsen R. Mental Status Examination Training for Medical Students: the Development of an Educational Video Library with Authentic Patients. Academic Psychiatry (2018) 42:432. 3. Roeske NC. The Medium and the Message: Development of Videotapes for Teaching Psychiatry. Am J Psychiatry (1979) 136(11):1391-7.

24. **Nonsuicidal Self-injury: Cutting Through the Stigma and Providing Medical Trainees with an Educational Curriculum**

Danielle Taubman BA, Icahn School of Medicine at Mount Sinai; Shreya Maniar Nagula MD, Icahn School of Medicine at Mount Sinai

Background: Self-injury is the direct and deliberate destruction of one's own body tissue intended to relieve psychological distress. The majority of self-injury occurs in the absence of suicidal intent and thus can be further classified as *nonsuicidal* self-injury (NSSI). Despite this distinction, misconceptions about self-injurious behavior and its relationship to suicide remain prevalent. These misconceptions contribute to fear and stigma around the topic of self-injury, which has important consequences for individuals engaging in the behavior. NSSI has become an epidemic among adolescents and medical providers are uniquely positioned to identify these individuals and offer appropriate interventions. However, recent studies have found that approximately half of all medical providers endorse feeling unprepared to address NSSI and an even smaller percentage report regularly inquiring about it in their practice. Further research has demonstrated that adequate training in NSSI can reduce negative biases, increase empathy, and improve quality of care among medical providers. It is therefore imperative that we educate medical trainees in all disciplines about the realities of NSSI and offer validated screening tools and referral protocols in order to decrease preventable morbidity and mortality.
Objectives: Introduce a medical student curriculum about NSSI prevalence, current theories, identification, screening methods and evidence-based treatment; Encourage open conversation regarding existing thoughts and beliefs about NSSI; Increase comfort with incorporating NSSI screening into routine patient assessments; Provide resources regarding the referral process after identifying individuals with NSSI

Methods/Innovation: One-hour didactic designed to educate medical students about NSSI during their clinical rotations. The didactic is composed of 3 parts: anonymous surveys, open discussion and a formal lecture. The lecture component will present definitions, epidemiology, prevalence and theories surrounding NSSI based on a literature review of current data on the topic. Students will also be trained in how to administer validated screening tests to identify NSSI in their patients and be provided with resources regarding the referral process.
Results/Evaluation: This intervention will be evaluated through surveys administered to participants before and after they receive the NSSI curriculum. Three surveys in total will assess the following of the participants: 1) personal exposure to NSSI, 2) current attitudes about NSSI and 3) current understanding of NSSI. In addition, subjective evaluation of the proposed curriculum will be assessed through facilitator led open discussions before and after the NSSI lecture.
Discussion/Conclusions: Pervasive misconceptions among medical providers about NSSI have resulted in negative consequences for patients. The goal of this proposed intervention is to expose medical students to accurate information about NSSI early on in their training to reduce misinformation and increase provider comfort with the topic and ultimately better serve patients.
References
Emelianchik-Key, K., Byrd, R. J., & La Guardia, A. C. (2016). Adolescent Non-Suicidal Self-Injury: Analysis of the Youth Risk Behavior Survey Trends. The Professional Counselor. https://doi.org/10.15241/kk.6.1.61 Favazza, A. R. (2012). Nonsuicidal self-injury: How categorization guides treatment. Current Psychiatry, 11(3). Hamza, C. A., & Willoughby, T. (2013). Nonsuicidal Self-Injury and Suicidal Behavior: A Latent Class Analysis among Young Adults. PLoS ONE. https://doi.org/10.1371/journal.pone.0059955 Muehlenkamp, J. J., Claes, L., Quigley, K., Prosser, E., Claes, S., & Jans, D. (2013). Association of Training on Attitudes Towards Self-Injuring Clients across Health Professionals. Archives of Suicide Research. https://doi.org/10.1080/13811118.2013.801815 Nock, M. K., & Favazza, A. R. (2009). Understanding nonsuicidal self-injury: Origins, assessment, and treatment.Understanding Nonsuicidal Self-Injury: Origins, Assessment, and Treatment. https://doi.org/10.1037/11875-000 Taliaferro, L. A., Muehlenkamp, J. J., Hetler, J., Edwall, G., Wright, C., Edwards, A., & Borowsky, I. W. (2013). Nonsuicidal Self-Injury among Adolescents: A Training Priority for Primary Care Providers. Suicide and Life-Threatening Behavior,43(3), 250-261. https://doi.org/10.1111/sltb.12001

25. **Assessment Rubric for Faculty and Resident-Feedback of Students' Ability to Gather a History and Perform a Mental Status Exam: Part II**

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Background: We created a rubric based on EPA1 that is inclusive of history and exam skills and based on the AAMC's publication of critical competencies1. We developed a training for faculty and residents using videos to demonstrate the mental model for the three levels of performance (not entrustable, entrustable in non-complex situations, and fully entrustable). After piloting the training with faculty and residents at UTMB, we revised the rubric and trained faculty at BCM and UTSouthwestern.
Objectives: The present study aimed to assess whether the revised training can improve inter-rater reliability on our rubric as well as general quality of feedback delivered by educators on students' performance of the history and mental status exam.
Methods: We previously described the frame-of-reference training and lack of inter-rater reliability following the training at UTMB. We revised the training to include pre- and post-training rating of different videos and delivered the revised training at two different sites following revision of the rubric. We collected audio recordings of educators providing feedback to students prior to training and then collected post-training audio recordings. We evaluated the quality of feedback pre- and post-training.
Results: At Baylor and UTSouthwestern, we completed two separate training sessions of faculty on how to use our EPA1 Rubric. We assessed inter-rater reliability on two different videos of mock-student clinical

encounters before and after the training. The results indicate that our raters were only slightly reliable throughout, and their reliability did not improve with training. In addition we asked faculty to complete survey questions after the rubric training. The majority felt that it feasible and useful. We are currently in the process of completing the analysis of the feedback given to students pre and post training and utilization of the evaluation rubric.

Discussion: Unfortunately, with our training, we did not meet this standard for inter-rater reliability. However, the majority of the faculty felt that the training was feasible and useful for giving medical student feedback, thus our training may still have utility in medical education. We will present the results of our analysis of the feedback given pre- and post-training with our rubric.

References

1.AAMC. (2014, August). Core Entrustable Professional Activities for Entering Residency: Curriculum Developer's Guide. Retrieved april 29, 2015, from Association of American Medical Colleges: www.aamc.org 2.Calaman, S., Hepps, J. H., Bismilla, Z., Carraccio, C., Englander, R., Feraco, A., Committee., I.-P. S. (2016). The Creation of Standard-Setting Videos to Support Faculty Observations of Learner Performance and Entrustment Decisions. Academic Medicine, 204-9. 3.Collins, D. (2003). Pretesting Survey Instruments: An Overview of Cognitive Methods. Quality of Life Research, 229-238. 4.Govaerts, M. J., van de Wiel, M. W., & van der Vleuten, C. P. (2013). Quality of Feedback Following Performance Assessments: Does Assessor Expertice Matter? European Journal of Traning and Development, 105-125. 5.Hofmeyer, A., Sheingold, B. H., & Taylor, R. (2015). Do You Understand What I Mean? How Cognitive Intervewing Can Strengthen Valid, Reliable Study Instruments and Dissemination Products. Journal of International Education Research, 261-268. 6. Roch, S., & O'Sullivan, B. J. (2003). Frame of Reference Rater Training Issues: Recall, Time and Behavior Observation Trainin. International Journal of Training and Development, 93-107

26. **A Poster on Poster Creating: A Practical How-to Teaching Tool**

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Background: Trainees are expected to create and disseminate scholarly products, yet poster creation is an under-taught skill in medical school. While the definition of "scholarly product" varies widely, the presentation of material in a poster format is an accepted manner of dissemination of scholarship. Often the starting point of future manuscripts and further work, posters offer authors across the professional spectrum an opportunity to condense their findings and projects and disseminate information, though how trainees are taught to create such scientific material varies widely. This poster succinctly demonstrates principles of making an effective scientific poster in a format that allows easy sharing of relevant materials with trainees and faculty alike.

Objectives: After viewing this poster, participants will be able to 1) understand the critical components of a scientific poster, 2) articulate at least one source of poster templates, and 3) demonstrate at least 2 "best practices" of poster creation.

Methods: This "meta poster" distills the essentials and nuances of scientific poster creation in an easy to share format that doubles as a template with helpful tips and processes. The methods described herein represent commonly accepted standards and described practices in scientific poster creation, as well as describe where variants are common.

Results: The "Results" segment becomes a "showcasing results" segment with practical solutions to frequent obstacles.

Discussion: The "Discussion" describes the rationale for deviation from a template. Viewers will have an easy, portable, and adaptable tool they can use at home institutions in creating their own projects as they prepare to disseminate knowledge at future scientific meetings.

References

Victor Grech. WASP (Write a Scientific Paper): Preparing a poster. Early Human Development Volume 125, October 2018, Pages 57-59.

27. **Educational Outcomes and Student Perceptions of Psychiatry and Neurology Following a Combined Clerkship Experience**

Brent Schnipke MD, Wright State University; Kate Boroff MS3, Wright State University; Beth Harper MD, Wright State University

Background: Psychiatry and neurology are required clerkships for all medical students at most US medical schools. Due to medical school curriculum changes, our psychiatry and neurology clerkships were combined, limiting clinical and didactic time in which to meet educational objectives. Clinical and didactic time was decreased to 4 weeks psychiatry and 2 weeks neurology, and students take the NBME clerkship exam in psychiatry at the end of the rotation.

Objectives: Investigate the educational components of the clerkship which students value most Correlate student perceptions of combining the clerkship experience with objective performance data Draw conclusions about the effectiveness of the psychiatry clerkship, the potential for integrating with neurology, and the effect of changing curricula on students attitudes and academic performance

Methods: A survey was developed with Likert scale questions to assess student confidence and competence in psychiatry and neurology in a combined clerkship. Additional questions used a modified Likert scale to determine the effectiveness of specific clerkship components: teaching in clinical context, voluntary resident lectures, and mandatory structured didactic time. A voluntary survey was distributed via email to students who completed the combined clerkship.

Results: Preliminary survey data includes results from two student groups. Students identified teaching in clinical context as the most helpful educational component, with formal didactics being the least effective. This gradient was more pronounced for the neurology portion of the clerkship. 57% agreed the combined clerkship improved their understanding of both disciplines, though 53% felt that it negatively affected performance on graded activities. 84% agreed they were confident in performing a mental status exam and a neurological exam. 42% would have benefitted from more time in psychiatry, with another 37% neutral, while 53% would have preferred more time for neurology.

Discussion: As there is no control group this data is largely descriptive, and the small sample size currently limits strong conclusions. Despite a shorter clerkship, students felt they were able to learn the important skills in both disciplines and were satisfied with the time. More conclusions may be possible in the final report after collecting data from all students who complete the clerkship.

References

Abdel-Misih, S., Verbeck, N., Walker, C., Musindi, W., Strafford, K., Meyers, L., â€¦ Harzman, A. (2018). Early experience with a combined surgical and obstetrics/gynecology clerkship: We do get along. American Journal of Surgery, 216(5), 1016-1021. https://doi.org/10.1016/j.amjsurg.2018.02.012 Bostwick, J. M., & Alexander, C. (2012). Shorter psychiatry clerkship length is associated with lower NBME psychiatry shelf exam performance. Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 36(3), 174-176. https://doi.org/10.1176/appi.ap.11020020 Griffeth, B. T. (2017). The Successful Integration of Psychiatry and Neurology in a Combined Clerkship. Academic Psychiatry, 41(4), 547-550. https://doi.org/10.1007/s40596-016-0631-y Kelly, B., Raphael, B., & Byrne, G. (1991). The evaluation of teaching in undergraduate psychiatric education: students' attitudes to psychiatry and the evaluation of clinical competency. Medical Teacher, 13(1), 77-87. Links, P. S. (1981). Psychiatry clerkship: a review of the concept. Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie, 26(3), 145-150. Roberts, L. W., Franchini, G., & Fielder, K. (1997). An

integrated psychiatry-neurology clerkship within a problem-based learning curriculum. Academic Medicine: Journal of the Association of American Medical Colleges, 72(5), 423-424.

28. **Overcoming Obstacles to Adoption and Implementation of Psychiatric Advance Directives: A Model Curricula for Medical Student Involvement**

Akshaya Selvamani BA, Texas A&M College of Medicine; Bryn Esplin JD, Texas A&M College of Medicine

Background: Beyond the ethical, financial, and logistical concerns arising from the unfortunate exportation of outpatient psychiatric care onto emergency health services, there is a larger concern for those struggling with mental illness whose suffering goes unaddressed due to stigma and lack of preventative care. In order to more efficiently use existing resources, it is important to maximize the preservation of patient autonomy while also anticipating the unique advance care planning needs of this population. Psychiatric Advance Directives (PADs) are legal means for a patient with decision-making capacity to appoint a healthcare power of attorney and express preferences regarding future treatments. Despite the high demand for PADs, actual uptake and implementation in clinical practice is low. Therefore, this project seeks to identify ways to use PADs as a practical means of enhancing patient engagement and strengthening the therapeutic alliance.

Objectives: Provide a brief summary of the history of PADs and challenges in widespread utilization; Identify opportunities to enhance patient autonomy and engagement with long-term treatment through the utilization of PADs; Locate spaces within the existing medical school curricula to train students to assist with the completion of these documents, including the legal requirements to execute a valid directive.

Methods/Innovation: This project identifies ways in which the medical school curricula can better incorporate educational modules and clinical-based training on PADs so that students themselves may assist patients with properly executing PADs. We advocate that medical students become front-line caregivers while in the hospital setting to assist patients once they are stabilized and decision-making capacity has been restored. This will provide invaluable educational experiences about the importance of mental health care to the students, and in turn, provide an opportunity to promote sustainable wellness for this patient population.

Discussion: By proposing a model guideline, which could be easily implementable beginning in the first year of medical school and with continued education and refinement of practice throughout clerkship, medical students are uniquely poised to become leaders in combatting stigma, providing more equitable, ethically robust care to patients living with mental illness, and ease the burden of emergency care providers.

References

1 A.J. Weiss et. al, Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013, HCUP Statistical Brief #216. Agency for Healthcare Research and Quality 2. P. Appelbaum, ‘Advance Directive for Psychiatric Treatment,' Hospital & Community Psychiatry, 42, no. 10, (1991), e983-984. 3. T. Gergel and G. Owen, ‘Fluctuating Capacity and Advance Decision Making in Bipolar-Affective Disorder - Self-Binding Directives and Self-Determination,' International Journal of Law and Psychiatry, 40, (2015), e92-101. Doi: 10.1016/j.ijlp.2015.04.004 4 J. Swanson, M. Swartz, J. Ferron et. al., ‘Psychiatric Advance Directives Among Public Mental Health Consumers in Five U.S. Cities: Prevalence, Demand, and Correlates', Journal of the American Academy of Psychiatry and the Law, 34, no. 1, (2006), e43-57. 5. M. Swartz, J. Swanson, and E. Elbogen, ‘Psychiatric Advance Directives: Practical, Legal and Ethical Issues,' Journal of Forensic Psychology Practice, 4, no. 4, (2004), e97-107. Doi: 10.1300/J158v04n04_07 6. J. Swanson, ‘Facilitated Psychiatric Advance Directives: A Randomized Trial of an Intervention to Foster Advance Treatment Planning Among Persons with Severe Mental Illness,' American Journal of Psychiatry, 163, no. 11, (2006), e1943. Doi: 10.1176/appi.ajp.163.11.1943 7. M. O'Connell and C. Stein, ‘Psychiatric Advance Directives: Perspectives of Community Stakeholders," Administration and Policy in Mental Health, 32, no. 3, (2005), e241-265. Doi: 10.1007/s10488-004-0843-4 8. E. Elbogen, J. Swanson and M. Swartz, ‘Effectively Implementing Psychiatric Advance Directives to Promote Self-Determination of Treatment Among People with Mental Illness," Psychology, Public Policy, and Law, 13, no. 4, (2007), e273-288. Doi: 10.1037/1076-8971.13.4.273; See Swanson, Swartz, Ferron supra note 5. 9. J. Swanson, M. Swartz, E. Elbogen, Psychiatric Advance Directives and Reduction of Coercive Crisis Interventions,' J

29. *2019 ADMSEP Trainee Travel Award Recipient*

Stigma towards Depression in Medical Students : An Exploratory Study in Medical Students, Psychiatry Residents and Attending Psychiatrists

Anindita Chakraborty MD, Wayne State University; Cynthia Arfken PhD, Wayne State University; Eva Waineo MD, Wayne State University; Mary Morreale MD, Wayne State University

Background: Medical students experience higher rates of depression, burnout and suicide compared to age matched controls in the population, yet they are less likely to seek treatment, despite easier access to care. Stigma has been identified as a key barrier to utilizing services in this population. Our study aims to characterize both perceived and personal stigmatizing beliefs held by medical students, residents and psychiatrists towards medical students with depression.

Objectives: 1)To measure levels of stigma, both perceived and personal, in medical students, psychiatry residents and attending psychiatrists, towards medical students with depression and to compare stigma levels between 3 groups.2)To explore if the measures of stigma differ between those respondents with depression and those who deny depression.

Methods: Cross sectional study of medical students, psychiatry residents and attending psychiatrists at Wayne State University School of Medicine. Received IRB exemption. Announcements made to medical students rotating through their psychiatry clerkship and to psychiatry residents and attendings at meetings. Survey was anonymous, voluntary, incentivized and sent out via Qualtrics link. The survey instrument included 30 statements relating to perceived and personal stigma scored on Likert scale, a PHQ-9 and whether the respondent has a history of depression in themselves or their loved ones. The scale was drawn from existing literature.

Results: Scales designed for perceived stigma (alpha =0.93) and personal stigma (alpha=0.9) had high reliability. Medical students had highest mean stigma scores followed by residents followed by attending psychiatrists for both perceived stigma (p=0.003) and personal stigma (p=0.019). Perceived stigma scores showed no association with depression, whereas respondents reporting depression tended to have lower mean scores for personal stigma.

Discussion: Medical students having higher levels of stigma compared to trainees and attendings may suggest that more experience with mentally ill patients may have had positive effects on levels of stigma. Higher stigma scores in medical students could be because they were surveyed at the start of their psychiatry clerkship. Lower stigma scores in attendings could be because survey was conducted in an academic setting where attendings often work with medical students. Stigma reduction programs may need to be designed specifically for medical students.

References

1) Schwenk TL, Davis L, Wimsatt LA. Depression, stigma, and suicidal ideation in medical students. Jama. 2010 Sep 15;304(11):1181-90. 2) Givens JL, Tjia J. Depressed medical students' use of mental health services and barriers to use. Academic medicine. 2002 Sep 1;77(9):918-21. 3) Chewâ€Graham CA, Rogers A, Yassin N. 'I wouldn't want it on my CV or their records': medical students' experiences of helpâ€seeking for mental health problems. Medical education. 2003 Oct 1;37(10):873-80. 4) Schwenk TL, Gorenflo DW, Leja LM. A survey on the impact of being depressed on the professional status and mental health care of physicians. The Journal of clinical psychiatry. 2008 Apr;69(4):617-20. 5) Link BG. Understanding labeling effects in the area of mental disorders: An assessment of the effects of expectations of rejection. American Sociological Review. 1987 Feb 1:96-112. 6) Eisenberg D, Downs MF,

Golberstein E, Zivin K. Stigma and help seeking for mental health among college students. Medical Care Research and Review. 2009 Oct;66(5):522-41.

30. **Medical Student Mental Health and Wellness: Assessing Student Perceptions of Resources and Needs Preferences**

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Background: Medical student burnout is associated with unprofessional behavior, academic decline, and depression. To combat burnout, institutions have independently implemented wellness initiatives in various forms. However, current understanding of student resource utilization is limited. By examining student preferences, institutions can better optimize these programs.

Objectives: Identify student awareness of campus mental health and wellness resources. Assess student utilization of the existing resources. Evaluate student preferences for mental health and burnout prevention resources.

Methods: Campus wide emails addressed to medical students were sent to three institutions, which provided background regarding the study, and a link to an anonymous online survey. Interested students completed the 12-item questionnaire, and responses were compiled in a central cloud-based system. Data were analyzed via SPSS. Descriptive statistics were used for demographic information. Between subject comparisons were analyzed using ANOVA, with $p < 0.05$ considered statistically significant.

Results: 451 respondents participated in the study. There were no statistical differences between gender or medical school years. 54% of participants reported history of seeking mental health services, though only 26% reported currently experiencing a mental illness. Third year students reported burnout at a significantly higher rate compared to first year students, $p=0.034$. They were also significantly more interested in learning about burnout prevention, $p=0.034$, 0.049, 0.025 relative to first, second, and fourth year students. Overall, students reported high comfort levels in accessing resources and discussing mental health with peers, $p<0.001$ for both. A percentage of students indicated unfamiliarity with various wellness resources. For example, only 11% of students were aware of, and had accessed, school-sponsored online resources, though 70% of those who did found them useful. On the other hand, 72% of students reported attending school-sponsored wellness education sessions, and 76% who attended found them helpful. Other resources were identified, utilized, and considered beneficial by students at different rates.

Discussion: With the negative impacts of student burnout, implementation of wellness curricula is critical. Our results suggested that medical students are willing to access resources and discuss mental health. At the same time, we demonstrated that not all resources are created equal, and optimization requires critical evaluation of student awareness and perceived effectiveness of these resources.

References

1. Dyrbye L.N., Massie F.S., Eacker A., Harper W., Power D., Durning S.J., Thomas M.R., Moutier C., Satele D., Sloan J., Shanafelt T.D. (2010). Relationship Between Burnout and Professional Conduct and Attitudes Among US Medical Students. JAMA.304(11):1173-80. doi:10.1001/jama.2010.1318 2. Ishak, W., Nikravesh, R., Lederer, S., Perry, R., Ogunyemi, D., Bernstein, C. (2013). Burnout in medical students: a systematic review. The Clinical Teacher. 10(4): 242-5. doi:10.1111/tct.12014 3. Dyrbye, L. N., Thomas, M. R., Massie, F. S., Power, D. V., Eacker, A., Harper, W., Shanafelt, T. D.(2008). Burnout and suicidal ideation among U.S. medical students. Annals of Internal Medicine,149(5):334-41. doi:10.7326/0003-4819-149-5-200809020-00008 4. Dyrbye, L. N., Thomas, M. R., Power, D.

V., Durning, S., Moutier, C., Massie, F. S. Jr., Shanafelt, T. D. (2010). Burnout and serious thoughts of dropping out of medical school: A multi-institutional study. Academic Medicine,85(1):94-102.doi:10.1097/ACM.0b013e3181c46aad 5. Rotenstein L.S., Ramos M.A., Torre M., Segal J.B., Peluso M.J., Guille C., Sen S., Mata D.A. (2016). Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students A systematic Review and Meta-Analysis. JAMA.316(21):2214-36. doi:10.1001/jama.2016.17324 6. Williams D., Tricomi G., Gupta J., Janise A. (2015).Efficacy of burnout interventions in the medical education pipeline.Academic Psychiatry. 39(1):47-54. doi: 10.1007/s40596-014-0197-5

31. **Connecting with Patients at Risk of Suicide: Communication Skills Revisited**

Adriana Foster MD, Herbert Wertheim College of Medicine, Florida International University; Chelsea Cosner BS, Florida International University; Aniuska Luna PhD, Florida International University; Shira Barzilay PhD, Mt Sinai Beth Israel; Igor Galynker MD PhD, Mt Sinai Beth Israel

Background: Medical students believe that suicide risk assessment is an important skill to acquire in medical school and particularly in the psychiatry clerkship [1]. The resurgence of competency-based medical education [2] yielded the development of residency milestones and the entrustable professional activities for medical students. In this training environment, there is a renewed interest on deliberate practice with feedback as an effective method to achieve competencies [3]. Virtual patients are multimedia interactive patient scenarios, which allow safe and repetitive practice and immediate feedback, help develop clinical skills and can simulate rare but critical scenarios like suicide risk assessment [4].

Objectives: We created and preliminarily tested a virtual patient to allow interaction with a patient who is suicidal and provides immediate feedback on empathic communication, on trainee's emotional reaction to the interaction and on descriptive elements of suicide risk assessment elicited during the interview.

Methods: Bernie Cohen, a 53-year-old gay male who had suffered a catastrophic personal loss, was created in Virtual People Factory (VPF) [5]. Bernie VP is derived from an interview with a suicidal patient [6], and was pilot-tested with 23 volunteers. Feedback was generated in VPF using Therapist Response Questionnaire-Suicide Form (TRQ-SF) [7] and the Empathic Communication Coding System (ECCS) [8].

Results: This early version of Bernie Cohen VP yielded a mean TRQ-SF score of 11.29 (SD 5.23, range 0-24), comparable with clinicians' TRQ-SF mean score of 9.12 (SD=5.2, range 0-33) after interactions with psychiatric outpatients (N=326) [7]. Volunteers' with no prior empathy training responded to Bernie with a mean empathy of 1.89 (SD=1.46) as coded with ECCS (scale 0-6) by expert raters. By comparison, medical students with no empathy training responded to standardized patient with a mean empathy of 2.2 (SD=0.22) [9]. Volunteers' mean satisfaction with this early version of Bernie Cohen VHI was 2.5 (SD=0.81) on a scale of 1-5.

Discussion: A virtual patient that allows medical students to experience the critical clinical emergency of interacting with a patient at suicide risk is a promising educational tool. Such teaching tool is scalable and easy to disseminate after further development and refinement.

References

1. Oakley C, Oyebode F. Medical students' views about an undergraduate curriculum in psychiatry before and after clinical placements. BMC Med Educ. 2008;8:26. 2. Holmboe, E. S. (2015). Realizing the promise of competency-based medical education. Academic Medicine, 90(4), 411-413. 3. Ericsson, K. A., Prietula, M. J., & Cokely, E. T. (2007). The making of an expert. Harvard Business Review, 85(7/8), 114. 4. Foster, A., Chaudhary, N., Murphy, J., Lok, B., Waller, J., & Buckley, P. F. (2015). The use of simulation to teach suicide risk assessment to health professions trainees: Rationale, methodology and a proof of concept demonstration with a virtual patient. Academic Psychiatry, 39(6), 620-629. 5. Rossen, B., Lind, S., & Lok, B. (2009). Human-centered distributed conversational modeling: Efficient

modeling of robust virtual human conversations. In Z. Ruttkay, M. Kipp, A. Nijholt, & H. H. VilhjÃ¡lmsson (Eds.), Intelligent Virtual Agents (pp. 474-481). Berlin, Heidelberg: Springer. 6. Galynker, I. (2017). The suicidal crisis: clinical guide to the assessment of imminent suicide risk. Oxford University Press. 7. Barzilay, S., Yaseen, Z. S., Hawes, M., Gorman, B., Altman, R., Foster, A., ... & Galynker, I. (2018). Emotional responses to suicidal Patients: Factor structure, construct, and Predictive Validity of the Therapist response Questionnaire-suicide Form. Frontiers in psychiatry, 9, 104. 8. Bylund, C. L., & Makoul, G. (2002). Empathic communication and gender in the physician-patient encounter. Patient education and counseling, 48(3), 207-216. 9. Foster, A., Chaudhary, N., Kim, T., Waller, J. L., Wong, J., Borish, M., . . . & Buckley, P. F. (2016). Using virtual patients to teach empathy: A randomized controlled study to enhance medical students' empathic communication. Simulation in Healthcare, 11(3), 181-189.

32. **Using a 6 Domain Framework to Include Biopsychosocial Information in the Standard Medical History in a Psychiatry Clerkship**

Dayna LePlatte MD, University of Michigan; David Belmonte MD, University of Michigan; Brent Williams MD, University of Michigan

Background: Although behavioral health/social determinants of health are crucial determinants of health in the 21st century, the traditional history focuses on biomedical problems. To promote collection of clinically relevant non-biomedical information, a 6-domain biopsychosocial framework was developed at UM and successfully piloted among medical students on a general medical ward (1).

Objectives: To promote systematic collection of behavioral determinants of health by students in multiple settings using a 6-domain biopsychosocial framework on a psychiatry clerkship, and to gain a greater understanding of how this may work in the psychiatry clerkship from the student's perspective.

Methods: Starting 4/2017, psychiatry clerkship students were oriented to the 6 domains - psychiatric conditions, behavioral health, biomedical problems, social support, resources and living environment, and function - in the context of the standard psychiatry history template. Students were required to submit one H&P or one progress note using thnew model, and completed an evaluation at the end of the clerkship using a 5-point response scale ranging from ‘Strongly Disagree' to ‘Strongly Agree'. Based on student feedback, after three months the orientation was modified to emphasize the domains that were most different from the psychiatry template.

Results: From July - October 2017 60 surveys were collected from 80 students. 53% of students agreed/strongly agreed that the 6-domain framework "helped identify barriers to care and follow up", and 55% that the framework "improved my understanding of my patient and their needs". However, only 33% agreed or strongly agreed that the framework "helped me to create a comprehensive problem list to identify at risk patients", and 43% that it "added value to the history and physical". Student narrative comments were overall positive but highlighted that the expanded framework felt redundant.

Discussion: Students on a psychiatry valued the framework, but found it only modestly helpful compared to the psychiatry history template. With further emphasis on the transportability of the 6-domain framework to non-psychiatry settings, psychiatry services may serve a critical function in introducing the 6-domain model in a setting already congruent with much of its content. This framework has now been adapted by the AMA, termed the "360 History", and is being piloted at several sites across the nation.

References

Williams, B. Ward, D. Chick, D. Johnson, E. Ross, P. Using a 6 Domain Framework to Include Biopsychosocial Information in the Standard Medical History. Teaching and Learning in Medicine. In Press.

33. **What Is the Evidence for Designing EPA-based Curricula for Psychiatry Clerkships: A Scoping Review**

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Background: Entrustable professional activities (EPAs) represent a core concept of competency-based medical education and an emerging teaching paradigm for developing work-place based curricula in undergraduate medical education (Brown et al. 2017, ten Cate et al. 2018). The goal of such curricula is to prepare undergraduate medical students for entering residency with a level of competence that allows for safe patient care from the first day of residency (Englander et al. 2016). Clerkship directors face the challenge to design curricula that address the relevant trust influencing factors and allow for valid entrustment decisions.
Objectives: The crucial role of trust in clinical supervision has been identified in several studies. However, it remains unclear which observations should be considered for valid entrustment decisions and what the evidence-based specific curricular design recommendations are. Therefore, our objective was to conduct a scoping review of the literature in order to provide recommendations for curricular design based on EPAs in psychiatry clerkships.
Methods: We based our review method on the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al. 2018) and searched Scopus, Web of Science, and Ovid, including All Ovid Journals, Embase, ERIC, Ovid MEDLINE(R), and PsycINFO, for original research articles investigating EPA-based curricular design of clinical rotations in psychiatry for both undergraduate and graduate training.
Results: Preliminary results of our scoping review revealed that five factors seem to be essential for establishing trust for new trainees. These include the characteristics of the supervisor, the characteristics of the trainee, the supervisor-trainee relationship, the context of the working environment and the task to be entrusted itself. The strength of the correlation of each factor with the final entrustment decision based on psychiatry clerkship EPAs remains unclear.
Discussion: Making valid trust decisions is key in clinical supervision during psychiatry clerkships. However, despite a wealth of literature on EPAs development and curricular implementation, there is a scarcity of data with regards to measurable educational outcome effects. Studies on the validity of entrustment decisions and relative weight of influencing factors are needed.

References

Brown, D. R., Warren, J. B., Hyderi, A., Drusin, R. E., Moeller, J., Rosenfeld, M., ... & Bull, J. (2017). Finding a path to entrustment in undergraduate medical education: a progress report from the AAMC Core Entrustable Professional Activities for Entering Residency Entrustment Concept Group. Academic medicine, 92(6), 774-779. Englander R, Flynn T, Call S, et al. Toward defining the foundation of the MD degree: Core entrustable professional activities for entering residency. Acad Med. 2016;91:1352-1358. ten Cate, O., Graafmans, L., Posthumus, I., Welink, L., & van Dijk, M. (2018). The EPA-based Utrecht undergraduate clinical curriculum: Development and implementation. Medical teacher, 1-8 Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., ... & Hempel, S. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Annals of internal medicine, 169(7), 467-473.

34. **Pilot Study of an Online Capacity Didactic Video for the Psychiatry Clerkship**

Elizabeth Ryznar MD MSc, Northwestern University; Robert Lloyd MD PhD, Northwestern University

Background: The "flipped classroom" model has gained traction over the last few years in all levels of education. In this model, students learn new material independently (often aided by online video lectures) and practice applying the knowledge during regular class-time under the instructor's guidance. Within graduate medical education, the "flipped classroom" model has been successfully applied to preclinical courses, like physiology and biochemistry, with improved student performance and satisfaction. However, third year clerkships are arguably an ideal setting for the "flipped classroom" model, given that the hospital environment provides many opportunities for interactive learning but not as much time for

individual didactic lectures.
Objectives: This pilot study aims to examine the impact of online video modules on student learning in the core psychiatry clerkship.
Methods: A didactic video was created to teach capacity assessment. Students were randomized to viewing the video or not viewing the video. All students received teaching as usual (one in-person capacity lecture plus clinical experiences). Primary outcomes include competency on a capacity quiz administered at the beginning and end of the clerkship. Secondary outcomes include student satisfaction with the video and with overall teaching on the clerkship. Data was collected over a one year period.
Results: Out of 157 total students enrolled in the psychiatry clerkship, 38 (24%) completed both the pre- and post-tests. Of those, 14 watched the video and 24 did not. Students who watched the video achieved higher scores on the posttest relative to students who did not watch the video (90% vs 84% on both general knowledge and case examples). The degree of improvement was higher for students who watched the video, but that difference did not reach statistical significance. Students generally felt that capacity teaching on the clerkship was adequate. Most students who watched the video found it helpful, but they were split as to whether they wanted more such videos in their curriculum.
Discussion: Brief online didactic videos can be effective in teaching core psychiatric topics during the psychiatry clerkship. Future directions include conduction a study directly comparing online videos with teaching as usual and creating additional content.
References
Zappe, S et al 2009; Proceedings of the American Society for Engineering Education Annual Conference & Exhibition. Street SE et al 2015; Medical Science Education 25 (1): 35-43. Tune JD et al 2013; Advances in Physiology Education 37 (4): 316-320. Prober CG and Heath C 2012; New England Journal of Medicine 366 (18): 1657-165

35. **Student Perceptions of Safety in a Psychiatric Emergency Department: A structured observation**
Cheryl St George MSN RN CS, University of Southern California; Reda Bendaoud MD, University of Southern California; David Sheski MD, University of Southern California
Background: Medical students routinely confront issues of safety when engaged in their clerkship in psychiatric emergency departments (Anglin et al., 1994; Taher et al., 2018), however fewer studies have examined the perceptions of safety of medical students during clerkships. Faculty from USC's Keck School of Medicine developed a curriculum in which students are taught to administer the Suicide Risk Assessment, and demonstrate their expertise during a newly created OSCE that correlates with a psychiatric emergency case. All students were assigned to an observation half day shift in the Psychiatric ED. Students were asked to rate the types of cases seen, their reactions to the escalated levels of agitation often found in the ED, their sense of safety in the environment, and the frequency of observing a Suicide Risk Assessment being conducted.
Objectives: 1. To ensure that all clerkship students had an opportunity to observe/participate in a psychiatric emergency environment. 2. To observe the management of patients whose acuity may be greater than those encountered on the wards. 3. To self-reflect and report on their levels of comfort and safety when being exposed to acutely ill psychiatric patients.
Methods: The survey was conducted using an online Qualtrics questionnaire of 11 questions. Responses were voluntary. All participants had participated in a half day observation in the Psyc. ED.
Results: In the first sample of cases 28.3% observed psychotic symptoms, 20% intoxication, and 26.4% agitation or aggression. Responses indicate that students felt it was a safe experience and discovered techniques that were useful in de-escalating agitation. 85.71% rated the experience a strongly valuable to

their learning. Suicide Risk Assessment confidence with 10 being the highest, showed a mean of 8.06. Discussion: This pilot study of 4 rotations of clerkship students provides substantive data for consideration of the Psychiatric ED as a safe learning site in clinical education. Secondarily, these focused curricular activities demonstrate the efficacy of providing all clerkship students a safe, useful, realistic practice experience for the university's OSCE that evaluates the student's ability to accurately assess a psychiatric emergency case.

References

Anglin, D., Kyriacou, D. N., & Hutson, H. R. (1994). Residents' perspectives on violence and personal safety in the emergency department. Annals of emergency medicine, 23(5), 1082-1084. Taher, A., Hart, A., Dattani, N. D., Poonja, Z., Bova, C., Bandiera, G., & Pardhan, K. (2018). Emergency medicine resident wellness: Lessons learned from a national survey. Canadian Journal of Emergency Medicine, 20(5), 721-724.

36. **Effect of Contact-based Education on Medical Student Barriers to Treating Severe Mental Illness: A Non-randomized, Controlled Trial**

Jeritt Tucker PhD, Des Moines University; Lisa Streyffeler PhD, Des Moines University; Teri Brister PhD, National Alliance on Mental Illness; Alexis Hanson DO-21, Des Moines University; Sydney Westfield DO-21, Des Moines University

Background: Despite the intentions of educators to enhance students' ability to competently care for patients experiencing severe mental illness; negative beliefs about, feelings toward, and discomfort in working with these patients appears to be worsened, rather than improved, by undergraduate medical education.

Objectives: The authors conducted a longitudinal, non-randomized, controlled trial of the NAMI Provider Education Program - a 15-hour curriculum utilizing contact-based, near-peer education - on the Knowledge, Attitudes, Beliefs, and Behavioral intentions (KABB; CDC, 2005) of MS3 students at a single institution.

Methods: Two-hundred and thirty-one students, having just completed clinical rotations in psychiatry and other disciplines, were invited to participate. Forty-four students agreed to participate in the curriculum and 89 agreed to participate in the control group for a total response rate of 57%. Participants in both conditions completed questionnaires assessing KABB in caring for patients with mental illness at pre-test, one-week post-curriculum, and at 3-month follow-up. Linear mixed-models analysis indicated that, after accounting for differences between the two conditions owing to non-random assignment, there was a large, statistically significant time by condition interaction ($F = 3.24$, $p < .0001$, $\chi^2 = .42$) such that those in the educational program had improvements across a range of outcomes under the KABB framework. This large effect was maintained at 3-month follow-up ($F = 1.77$, $p < .05$, $\chi^2 = .54$). The largest areas of improvement were in the areas of behavioral intentions during an acute psychiatric emergency; beliefs about interpersonal blameworthiness of mental illness, and desire to provide counseling in the routine management of persons with mental health concerns. While medical students typically receive core training in evaluation, diagnosis, and somatic treatments of patients with mental illnessâ€”the nature of this training may not adequately address cognitive, affective, and behavioral barriers to providing competent care. The present study suggests that a contact-based education program, especially when offered following the first clinical year of undergraduate training, may greatly ameliorate these barriers.

References

1. De Hert M, Correll CU, Bobes J, et al. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. World Psychiatry. 2011;10(1723-8617 (Print)):52-77. doi:10.1002/j.2051-5545.2011.tb00014.x. 2. Lawrie, S. M., Martin, K., McNeill, G., Drife, J., Chrystie, P., Reid, A., ... &

Ball J. General practitioners' attitudes to psychiatric and medical illness. Psychol Med. 1998;28(6):1463-1467. 3. Loeb DF, Bayliss EA, Binswanger IA, Candrian C, DeGruy F V. Primary care physician perceptions on caring for complex patients with medical and mental illness. J Gen Intern Med. 2012;27(8):945-952. doi:10.1007/s11606-012-2005-9. 4. Thornicroft G, Rose D, Kassam A. Discrimination in health care against people with mental illness. Int Rev Psychiatry. 2007;19(2):113-122. doi:10.1080/09540260701278937. 5. Corrigan, P. W., Mittal, D., Reaves, C. M., Haynes, T. F., Han, X., Morris, S., & Sullivan G. Mental health stigma and primary health care decisions. Psychiatry Res. 2014;218(1-2):35-38. doi:10.1517/17425247.2015.966682.Gene. 6. Llerena, AdriÃ¡n, Macarena C. CÃ¡ceres and EMP-Ll. Schizophrenia stigma among medical and nursing undergraduates. Eur psychiatry. 2002;17(5):298. 7. Schmetzer AD, Lafuze JE, Jack ME. Overcoming stigma: involving families in medical student and psychiatric residency education.[Erratum appears in Acad Psychiatry. 2008 May-Jun;32(3):265 Note: Jack, Maren E [added]]. Acad Psychiatry. 2008;32(April):127-131. doi:http://dx.doi.org/10.1176/appi.ap.32.2.127. 8. Kvaale, E. P., Haslam, N., & Gottdiener WH. The ‘side effects' of medicalization: A meta-analytic review of how biogenetic explanations affect stigma. Clin Psychol Rev. 2013;33(6):782-794. 9. Lyons Z, Janca A. Impact of a psychiatry clerkship on stigma, attitudes towards psychiatry, and psychiatry as a career choice Career choice, professional education and development. BMC Med Educ. 2015;15(1):1-10. doi:10.1186/s12909-0

Disclosure Statements

The following presenters indicated on their CME Disclosure form potential conflicts of interest related to their presentation.

Gary Beck Dallaghan
- Other: I am contracted by ADMSEP to manage the operations of the organization.

Mary Jo Fitz-Gerald
- Employee: Louisiana State University Health Sciences Center Shreveport

Howard Liu
- Consultant: Robert Wood Johnson Foundation. Behavioral Health Workforce Research Center.
- Employee: UNMC
- Grant/Research: Nebraska DHHS / SAMHSA.
- Other: Editor of special edition on professional development for the Psychiatric Clinics of North America - Elsevier.

Andrew Muzyk
- Speaker's Bureau: Otsuka Neurocrine

Charmaine Patel
- Speaker's Bureau: Janssen Speaker's Bureau for nasal esketamine (I have not yet started work with them but have signed up for speaker training which will occur in April 2019). I will not be discussing this treatment or any psychopharmacological therapeutic methods in my presentation at ADMSEP.

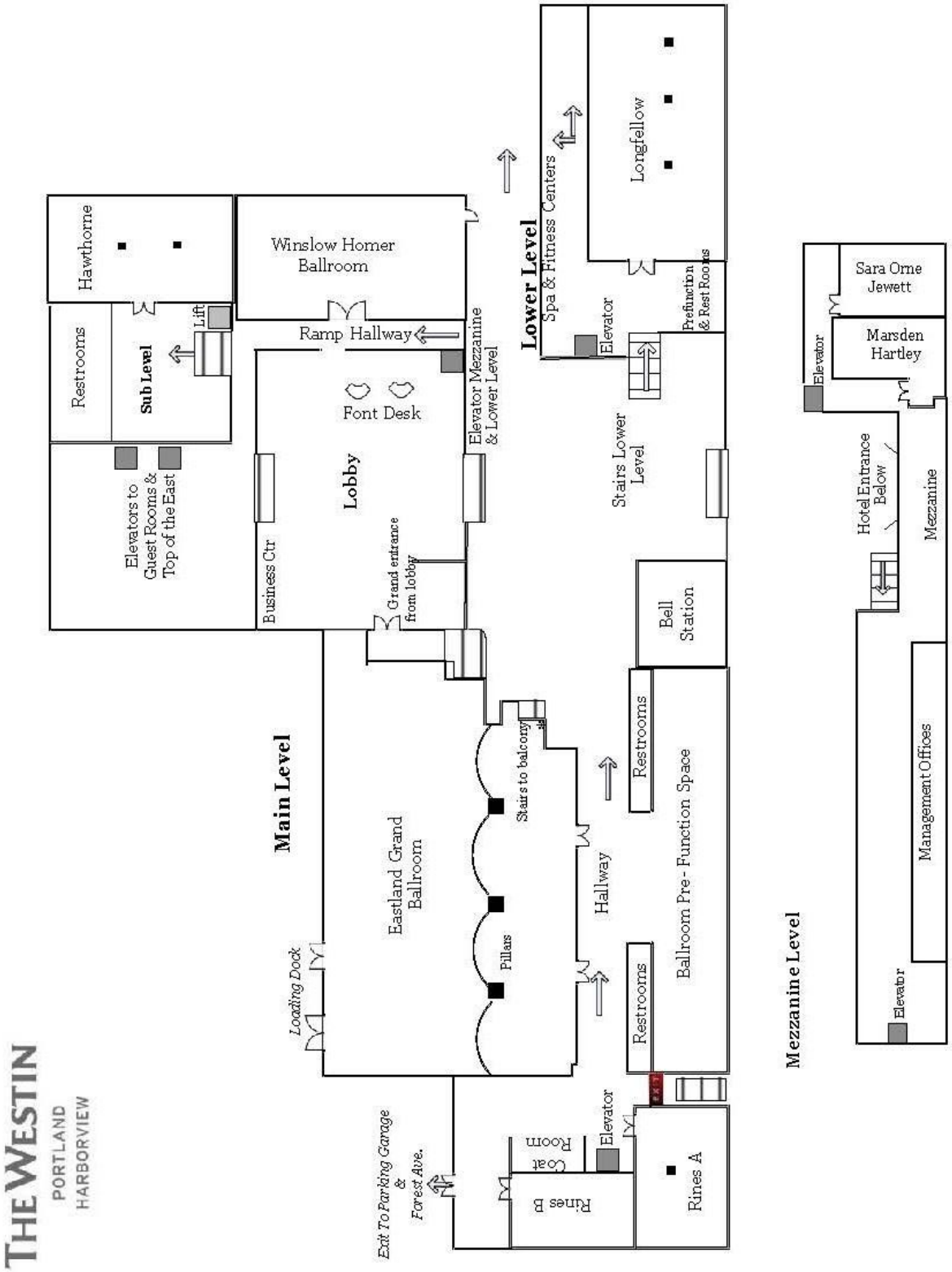
Charles Sanders
- Employee: Employed by Duke University Health Systems
- Grant/Research: Received Grant Money For Participation in an interdisciplinary research project.

Dawnelle Schatte
- Employee: My spouse, Jeremy Slater, is an employee of Alliance Family of Companies

David Schilling
- Stock: As part of my wife's compensation, she receives some stock options from AbbVie which is a pharmaceutical research and development company.
- Employee: My wife works for AbbVie which is a pharmaceutical research and development company.

Mary Steinmann
- Other: Honoraria from the National Board of Medical Examiners

Hotel Convention Space



SAVE THE DATE

ADMSEP 2020

June 18-20, 2020

Paradise Point Resort & Spa

San Diego, California

Our keynote speaker is Dr. Geoffrey Talmon from the University of Nebraska. He co-edited *Mind the Gap: Generational Differences in Medical Education*.

Be on the lookout for the call for submissions in August!

Association of Directors of Medical Student Education in Psychiatry