



THE TEACHING ACADEMY

Robert Larner, M.D. College of Medicine at The University of Vermont

Snow Season Education Retreat

January 11-12, 2018
Hotel Burlington and Conference Center
(formerly Sheraton)
South Burlington, VT

Welcome to the Snow Season Education Retreat

January 11, Thursday

- 5:30 - 6:15 PM **Reception and Poster Session**
Emerald III Promenade; Emerald III
- 6:15 - 8:00 PM **Dinner, Induction Ceremony for new members, and Teaching and Education Awards**
Kathryn N. Huggett, PhD, Director, Teaching Academy
Frederick C. Morin, III, MD, Dean, Larner College of Medicine
Claude Deschamps, MD, President, UVMHN Medical Group
Emerald III

January 12, Friday

- 7:30-8:00 AM **Registration and Continental Breakfast**
Emerald III Promenade; Emerald III
- 8:00-8:05 AM **Welcome**
Kathryn N. Huggett, PhD, Director, Teaching Academy
Emerald III
- 8:05-9:10 AM **Keynote Session**
New Pathways through Medical School: EPAs, Time-Variable Competencies and Progression
Susan E. Skochelak, MD, MPH
Emerald III
- 9:15-9:45 AM **Oral Platform Presentations**
Introduced by Bridget Marroquin, MD
What Are They Here to Learn? Meeting the Needs of Residents and Medical Students on an Infectious Disease Service
Andrew Hale, MD
Simulation Curriculum in Inpatient Internal Medicine Clerkship: Development of Reporter and Interpreter Skills
Taylor Wolfgang, MSIV
Emerald III
- 9:45-10:15 AM **Break/Poster session with poster authors present**
Emerald III Promenade
- 10:15-11:45 AM **Breakout Sessions**
What were you thinking! And why should you care? Metacognition in Medical Education
Lee Rosen, PhD, Shaden Eldakar-Hein, MD, MS,
Kramer Wahlberg, MD
Kingsland
How to Active-ate Your Learners
Bridget Marroquin, MD, Melissa Davidson, MD, Rebecca Wilcox, MD
Emerald I
Active Clinical Learning: How to Make It Efficient, Effective, and Fun
Lewis First, MD
Shelburne
The Cool, the New, and the Bizarre: LCOM Supported Tools to Support your Teaching
Laurie Leclair, MD, Gary Atwood, MA, MSLIS, Sarah McCarthy, PhD
Emerald II

Welcome to the Snow Season Education Retreat

- 11:45-12:30 PM **Buffet Lunch**
Interest group tables and open seating in the ballroom
Emerald III
- 12:30-2:00 PM **Breakout Sessions**
What were you thinking! And why should you care? Metacognition in Medical Education
Lee Rosen, PhD, Shaden Eldakar-Hein, MD, MS,
Kramer Wahlberg, MD
Emerald I
I saw, I think, I wonder: Using Simulation Debriefing Techniques in the Clinical Environment to Improve Learning
Patrick Zimmerman, DO, Cate Nicholas, MS, PA, EdD
Kingsland
Team-Based Learning: How and Why it Works
Stephen Everse, PhD, Charlotte Reback, MD
Emerald II
Teaching Clinical Reasoning in the Classroom and in the Clinic
Dennis Beatty, MD, Alan Rubin, MD
Shelburne
- 2:00-2:15 PM **Break**
- 2:15-3:45 PM **Breakout Sessions**
OneNote: More Than Just a Place For Students to Compile Notes!
Sarah McCarthy, PhD, Rajan Chawla, Leigh Ann Holterman, MA
Emerald II
Service Learning: Exploring the Connection to Wellbeing
Isaura Menzies, MD, MPH, Susan Munkres, PhD
Shelburne
Teaching Clinical Reasoning in the Classroom and in the Clinic
Dennis Beatty, MD, Alan Rubin, MD
Emerald I
- 3:45-4:00 PM **Wrap-up and Evaluations**
Emerald III

Please check your email for an online evaluation of the program. Thank you for your participation and important feedback.

CME credit is available and claimed online. Directions to claim credit through the MyCredits system are available at the registration table.

CME Information



In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Meeting Disclaimer: Regarding written materials and information received, written or otherwise, during this Conference: The scientific views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of The Robert Larner College of Medicine at The University of Vermont.

Interest Disclosures: As a joint accredited organization for interprofessional education, The Robert Larner College of Medicine at The University of Vermont Medicine is required to disclose any real or apparent conflicts of interest (COI) from anyone who has control of the content (speakers, planners, moderators).

No Interests to Disclose:

Alan Rubin, MD
Bridget Marroquin, MD
Cate Nicholas, MS, PA, EdD,
Charlotte Reback, MD
Dennis Beatty, MD
Gary Atwood, MA, MSLIS
Isaura Menzies, MD
Katie Huggett, PhD
Kramer Wahlberg, MD
Laurie Leclair, MD
Lee Rosen, PhD
Leigh Ann Holterman, MA
Lewis First, MD
Melissa Davidson, MD
Patrick Zimmerman, DO
Rajan Chawla
Rebecca Wilcox, MD
Sarah McCarthy, PhD
Shaden Eldakar-Hein, MD, MS
Stephanie Mann, MD
Stephen Everse, PhD
Susan Skochelak, MD, MPH

Interests to Disclose/COI/Bias Resolved*:

**Note: UVM CME Staff who reviewed this activity had no interests to disclose.*

Commercial Support Received:

- We have not received any commercial support for this activity

The Robert Larner College of Medicine at The University of Vermont requires that each speaker/planner/moderator participating in an accredited program to disclose any financial interest/arrangement or affiliation with a corporate organization that may impact on his/her presentation (i.e. grants, research support, honoraria, member of speakers' bureau, consultant, major stock shareholder, etc.). In addition, the faculty member must disclose when an unlabeled use of a commercial product or an investigational use not yet approved for any purpose is discussed during the educational activity.

*Having a financial interest or other relationship with a corporate organization, **or discussing an unlabeled use of a commercial product**, may not prevent a speaker from making a presentation. However, the existence of the relationship must be made known to the planning committee prior to the conference, so that any possible conflict of interest may be resolved prior to the talk.

4/2017

Session Descriptions and Learning Objectives

New Pathways through Medical School: EPAs, Time-Variable Competencies & Progression

Susan Skochelak, MD, MPH

Learning Objectives:

1. Describe current time variable national innovations in medical student education
2. Compare and contrast entrustable professional activities, competencies and milestones
3. List components of successful time-variable education modules and gaps for the future work

What were you thinking! And why should you care? Metacognition in Medical Education

Lee Rosen, PhD, Shaden Eldakar-Hein, MD, MS, Kramer Wahlberg, MD

Metacognition, broadly defined, refers to the capacity to think about, reflect upon, and attempt to understand our own thinking. Cognitive science has created a rich literature on this topic, and medical educators have hopped on board. This interactive workshop will review core concepts from the world of metacognition research. We will discuss applications to learning and professional development in medical school, as well as implications for the teaching and implementation of enlightened clinical decision making.

Learning Objectives:

1. Define metacognition
2. Explain how metacognition enhances learning
3. List 3 strategies to improve teaching and learning

How to Active-ate Your Learners

Bridget Marroquin, MD, Melissa Davidson, MD, Rebecca Wilcox MD

Participants will have the opportunity to collaborate with other educators while creating active learning sessions from sample didactic topics. Additionally through group-report out, the participants will discuss strategies, pitfalls, and pearls to successfully convert traditional classroom teaching to an engaging active learning environment.

Learning Objectives:

1. Discuss different strategies for creating and facilitating an active learning curriculum through a wide variety of modalities
2. Use a provided template to plan, prepare, and develop active learning sessions
3. Convert traditional didactic curriculum to active, engaging, learner-centered activities

Session Descriptions and Learning Objectives

Active Clinical Learning: How to Make It Efficient, Effective, and Fun

Lewis First, MD

With increasing pressures to treat patients as efficiently and effectively as possible, teaching of medical students and residents has for some become more of a burden or even an after-thought and less of a major priority in the clinical setting.. Effective, efficient, and innovative teaching strategies are needed. This workshop will provide attendees with such strategies to aid in the integration of active teaching and learning in the clinical environment.

Learning Objectives:

1. Develop a repertoire of creative, effective, and efficient active teaching techniques
2. Recognize the importance of orientation in setting the teaching and learning agenda
3. Discuss differences between feedback and evaluation

OneNote: More Than Just a Place For Students to Compile Notes!

Sarah McCarthy, PhD, Rajan Chawla, Leigh Ann Holterman, MA

This session will focus on describing how OneNote can be used in a collaborative manner between faculty and students during active learning sessions. We will share how OneNote was utilized during large group workshops to develop a collaborative Embryology timeline and some of the outcomes of that approach. We will then provide participants with the opportunity to use OneNote themselves in a small group activity.

Learning Objectives:

1. Discuss how Larner College of Medicine utilizes OneNote during active learning sessions.
2. Describe how OneNote can be used in the classroom.
3. Develop ways participants can use OneNote throughout the medical curriculum.

Service Learning: Exploring the Connection to Wellbeing

Isaura Menzies, MD, MPH, Susan Munkres, PhD

Service learning is a valuable yet underutilized pedagogy to improve medical student wellbeing and learning outcomes. This session will give you the basic elements necessary to initiate service learning in your curriculum.

Learning Objectives:

1. Explain how service-learning differs from community service and from clinical practice
2. Identify the key components of service-learning pedagogy
3. Explain the benefits of service-learning pedagogy in relationship to student learning outcomes and student wellbeing
4. Utilize tools for designing service learning projects in health profession courses

Session Descriptions and Learning Objectives

The cool, the new, and the bizarre – LCOM Supported Tools to Support your Teaching

Laurie Leclair, MD, Gary Atwood, MA, MSLIS, Sarah McCarthy, PhD

This session will highlight advanced Camtasia skills and outline local resources available to support creation of new learner content.

Learning Objectives:

1. Demonstrate how to access innovative clinical educational tools from LCOM resources.
2. Construct a brief learner oriented video leveraging best practice tools.

I saw, I think, I wonder: Using Simulation Debriefing Techniques in the Clinical Environment to Improve Learning

Patrick Zimmerman, DO, Cate Nicholas, MS, PA, EdD

Clinical simulation is guided by the principle that all learners are competent, capable, care about what they're doing, and want to improve. Debriefing in simulation aims to uncover and understand the thinking and reasoning that guides learner's behaviors. These same principles and techniques may be applied to the clinical environment to improve learning.

Learning Objectives:

1. Explore how you think about learning and teaching
2. Reflect on how to make more room for learning by teaching less
3. Apply debriefing and curiosity to simulated clinical interactions
4. Build curiosity as the foundation of teaching

Team Based Learning: How and Why it Works

Stephen Everse, PhD, Charlotte Reback, MD

Learning Objectives:

1. Explain barriers to the implementation of active learning in the classroom.
2. Compare and contrast problem based learning (PBL) and team based learning (TBL).
3. List criteria that should be considered in the formation of teams.
4. Order and justify the components of a successful TBL session.
5. Explain the four S's of application design.
6. Assess the role of accountability in TBL.
7. Explain barriers to students in participating in the TBL classroom process.

Teaching Clinical Reasoning in the Classroom and in the Clinic

Dennis Beatty, MD, Alan Rubin, MD

Clinical reasoning is a skill that is paramount to all clinicians, yet the process is generally not well understood or explicitly taught. This session will detail the process and review strategies to teach it in both the classroom and clinical settings, with opportunity to practice these skills.

Learning Objectives

1. Describe the steps involved in making a diagnosis
2. Understand Dual Process Theory, and how it relates to clinical reasoning
3. Review and practice strategies to incorporate teaching of clinical reasoning in the classroom and in the clinic

Snow Season Education Retreat Workshop Presenters and Facilitators

Gary Atwood, MA, MSLIS, Dana Medical Library
Dennis Beatty, MD, Medicine*
Melissa Davidson, MD, Anesthesiology*
Shaden Eldakar-Hein, MD, MS, Medicine*
Stephen Everse, PhD, Biochemistry*
Lewis First, MD, Pediatrics*
Leigh Ann Holterman, MA, The Teaching Academy
Laurie Leclair, MD, Medicine*
Bridget Marroquin, MD, Anesthesiology*
Sarah McCarthy, PhD, Neurological Sciences*
Isaura Menzies, MD, Medicine*
Susan Munkres, PhD, Community-University Partnerships and Service Learning
Cate Nicholas, MS, PA, EdD, Family Medicine*
Rajan Chawla, Larner College of Medicine Technology Services
Charlotte Reback, MD, Family Medicine
Lee Rosen, PhD, Psychiatry*
Alan Rubin, MD, Medicine*
Susan Skochelak, MD, MPH, American Medical Association
Kramer Wahlberg, MD, Medicine*
Rebecca Wilcox, MD, Pathology & Laboratory Medicine*
Patrick Zimmerman, DO, Surgery, Clinical Simulation Laboratory*

Planning Committee

Gary Atwood, MA, MSLIS, Dana Medical Library
Shaden Eldakar-Hein, MD, MS, Medicine*
Lewis First, MD, Pediatrics*
Katie Huggett, PhD, Medicine, The Teaching Academy*
Laurie Leclair, MD, Medicine*
Stephanie Mann, MD, Obstetrics, Gynecology and Reproductive Sciences*
Bridget Marroquin, MD, Anesthesiology*
Sarah McCarthy, PhD, Neurological Sciences*

*Indicates Teaching Academy Member

Teaching Academy New Members Inducted in January 2018

Distinguished Educator

| | | |
|-----------------|---------------------|----------------|
| Mark Hamlin, MD | Associate Professor | Anesthesiology |
|-----------------|---------------------|----------------|

Master Teacher

| | | |
|------------------------------|---------------------|-----------------|
| Varun Agrawal, MD | Assistant Professor | Medicine |
| Stephen Berns, MD | Assistant Professor | Family Medicine |
| Anant Bhawe, MD | Associate Professor | Radiology |
| Kristen DeStigter, MD | Professor and Chair | Radiology |
| Andrew Hale, MD | Assistant Professor | Medicine |
| Amanda Kennedy, PharmD, BCPS | Associate Professor | Medicine |
| Janusz Kikut, MD | Associate Professor | Radiology |
| Mark Pasanen, MD | Associate Professor | Medicine |
| Carlos Pino, MD | Associate Professor | Anesthesiology |

Member

| | | |
|---------------------------|---------------------|---------------------------------|
| Abigail Adler, MD | Assistant Professor | Pediatrics |
| Michael Bazylewicz, MD | Assistant Professor | Radiology |
| Bronwyn Bryant, MD | Assistant Professor | Pathology & Laboratory Medicine |
| Eileen CichoskiKelly, PhD | Associate Professor | Family Medicine |
| Borzoo Farhang, DO | Assistant Professor | Anesthesiology |
| Havaleh Gagne, MD | Assistant Professor | Radiology |
| Garth Garrison, MD | Assistant Professor | Medicine |
| Rosy Hill, MD | Assistant Professor | Medicine |
| Donald Laub, MD | Professor | Surgery |
| Valerie Riss, MD | Assistant Professor | Pediatrics |
| Joel Schnure, MD | Professor | Medicine |
| Geoffrey Scriver, MD | Assistant Professor | Radiology |
| Paul Slavik, MD | Assistant Professor | Medicine |
| Sarah Twichell, MD | Assistant Professor | Pediatrics |
| Leslie Young, MD | Assistant Professor | Pediatrics |

Protégé

| | |
|-------------------------|--|
| Phillip Munson | CMB PhD Graduate Student |
| Vishal Shah, MD | Clinical Instructor - Resident Medicine |
| Lea Sheward, MD | Clinical Instructor - Resident Pediatrics |
| Emily Hadley Strout, MD | Clinical Instructor - Resident Medicine |
| Kramer Wahlberg, MD | Clinical Instructor - Resident Medicine |
| Patrick Zimmerman, DO | Clinical Instructor - Resident Clinical Simulation Laboratory / Surgery |

**UVM Larner College of Medicine
Teaching Academy Members
January 2018**

Distinguished Educator

Jan Carney, MD
Melissa Davidson, MD
Lewis First, MD
Pamela Gibson, MD
Ann Guillot, MD
Mark Hamlin, MD,
Kathryn Huggett, PhD
Charles Irvin, PhD
William Jeffries, PhD
John King, MD
Mark Levine, MD
Judith Lewis, MD
Robert Macauley, MD
Cate Nicholas, EdD, PA
Martha Seagrave, PA-C
Douglas Taatjes, PhD

Master Teacher

Varun Agrawal, MD
Elizabeth Ames, MD
Scott Anderson, MD
Dennis Beatty, MD
Patrick Bender, MD
Marie Berg, MD
Stephen Berns, MD
Anant Bhave, MD
Stephen Contompasis, MD
Kristen DeStigter, MD
Stephen Everse, PhD
Candace Fraser, MD
Tim Fries, MD
Mark Fung, MD, PhD
Erica Gibson, MD
Karin Gray, MD
Laura Greene, MD
Andrew Hale, MD
Felix Hernandez, MD
Amanda Kennedy, PharmD
Janusz Kikut, MD
Patricia King, MD, PhD
Jerry Larrabee, MD
Laurie Leclair, MD
Karen Lounsbury, PhD
Stephanie Mann, MD
Bridget Marroquin, MD
Christopher Morris, MD
Mark Pasanen, MD
Richard Pinckney, MD
Carlos Pino, MD

Master Teacher

Molly Rideout, MD
Lee Rosen, PhD
Jay Silveira, PhD
Rebecca Wilcox, MD
Christa Zehle, MD

Member

Abigail Adler, MD
Erik Anderson, MD
Maura Barry, MD
Jason Bartsch, MD
Michael Bazylewicz, MD
Lynn Blevins, PhD
Bronwyn Bryant, MD
Kelly Butnor, MD
Whitney Calkins, MD
Eileen CichoskiKelly, PhD
Deborah Cook, MD
Kelly Cowan, MD
Thomas Delaney, PhD
Jeremiah Dickerson, MD
Shaden Eldakar-Hein, MD
Elise Everett, MD, MS
Borzoo Farhang, DO
Havaleh Gagne, MD
Garth Garrison, MD
Lydia Grondin, MD
Sally Herschorn, MD
Robert Hieronimus, MD
Rosy Hill, MD
Elise Hotaling, MD
Clara Keegan, MD
Alison Krywanczyk, MD
Julie Lahiri, MD
Donald Laub, MD
Karen Leonard, MD
Michael Lewis, MD
Robert Low, PhD
John Lunde, MD
Sarah McCarthy, PhD
Isaura Menzies, MD
Stephen Merena, DPM
Jesse Moore, MD
Molly Moore, MD
Sharon Mount, MD
Julie Phillips, MD
Pamela Puthoor, MD
Valerie Riss, MD
Alan Rubin, MD
Joel Schnure, MD

Member

Geoffrey Scriver, MD
Paul Slavik, MD
Arti Shukla, PhD
Halle Sobel, MD
Emily Stebbins, MD
Kevan Sternberg, MD
Jillian Sullivan, MD
Mitchel Tsai, MD
Suzanne Tucker, MD
Sarah Twichell, MD
Michael Upton, MD
Constance van Eeghen, DrPH
Richard Watts, MD
Leslie Young, MD

Protégé

Tess Aulet, MD
Jacquelyn Grev, MD
Patrick Hohl, MD
Sherrie Khadanga, MD
Rachel McEntee, MD
Phillip Munson
D. George Ormond, MD
Charmaine Patel, MD
Thomas Rogers, MD
Vishal Shah, MD
Lea Sheward, MD
Mrinal Shukla, MD
Emily Hadley Strout, MD
Kramer Wahlberg, MD
Patrick Zimmerman, DO

**Teaching and Educational Excellence Awards
The Teaching Academy**

Innovation in Curriculum Development or Pedagogy Award

Ellen Black, PhD, Assistant Professor, Neurological Sciences
Stephen Everse, PhD, Associate Professor, Biochemistry

Learner Assessment Award

Tess Aulet, MD, Resident, Surgery

Educational Leadership Award

Paula Tracy, PhD, Director of Foundations and Pre-clinical Assessment,
Professor, Biochemistry

Outstanding Contribution Award

Colleen Quinn, MD, Clinical Assistant Professor, Family Medicine and
HHHN LIC Site Director

Educational Scholarship Award

Judy Lewis, MD, Associate Professor, Psychiatry
Nathalie Feldman, MD, Director of the Learning Environment, Medical Student Education

**Education Awards
UVMHN Medical Group**

**Annual Grant Award Program: Educational Research - \$25k over 2 years
“Enhancing Interprofessional Collaborative Practice Through Concept Mapping”**

Bridget Marroquin, MD – Anesthesia
Stephanie Mann, MD – Obstetrics and Gynecology
Candice Ciolac, MD – Family Medicine CVPH
Sandra Sperry, MSN, RNC-OB, C-EFM – Nurse Manager Birthing Center

CMIE Educator of the Year Award - \$6,000 block grant and \$1,500 cash prize

Charlie MacLean, MDCM, FACP – Medicine
Mark Plante, MD – Urology
David Rettew, MD – Psychiatry

GME Educator of the Year Award - \$6,000 block grant and \$1,500 cash prize

Lyle Gerety, MD – Anesthesia
Loic Fabricant, MD – Surgery
Rebecca Wilcox, MD – Pathology & Laboratory Medicine

Abstract: Developing and applying a longitudinal clinical reasoning curriculum across all four years of training

Author: Beatty, Dennis

Background

Clinical reasoning, including making accurate diagnoses, is a skill set that is paramount to becoming a good physician. However, very little formal training of this important skill exists at our medical school, and students are expected to learn these skills passively. Important work by Croskerry, Cutrer, Bowen and others have elucidated the cognitive processes behind clinical reasoning, and I believe these skills can be formally taught, reinforced, and practiced, beginning in the first year of training.

Description of project/program/innovation

I have developed a longitudinal clinical reasoning curriculum to be extended across all four years of training. This follows Kern's 6-step approach. Clinical reasoning is multi-faceted, and my strategy includes using Hypothetico-deductive reasoning, pattern recognition using Illness Scripts, making a Differential Diagnosis with supportive reasoning, and formulating a Problem Representation using Semantic Qualifiers.

Methods

- ◆ Introduce first year students to the basic process and terminology of the clinical reasoning process, within Doctoring Skills course. Practice these skills during SP encounters.
- ◆ Work with Foundations course directors to identify multiple sessions in each course where reasoning skills can be inserted, implemented, and practiced. Includes formatting case-based learning sessions and building Illness scripts.
- ◆ Review and expand knowledge of clinical reasoning process to students entering Clerkships. Work with Clerkship directors to standardize formats and expectations of patient presentations and write-ups. Allow ample practice of these skills in 3rd and 4th year students.
- ◆ Teach clinical reasoning process and teaching strategies to faculty at multiple levels.
- ◆ Survey students at onset of Clerkships about knowledge and comfort level (pre-and post-intervention). Assess end-of-foundations OSCE write-ups. Assess Clerkship level CSE write-ups.

Results

Project is ongoing, results not compiled yet.

Discussion/Conclusions/Lessons Learned

This curriculum design project has been well received so far by both students and faculty. Ongoing steps include expanding opportunities for faculty development, expansion into Clerkship years, and future assessment.

Abstract: Public Health Projects: Examining Students' and Community Mentors' Perceptions of Effective Teaching

Authors: Delaney, Thomas; Carney, Jan

Background

Public Health Projects (PHP) is an innovative second year foundations-level course at the UVM Larner College of Medicine. Student teams are paired with faculty mentors and also mentors from community agencies on projects covering many public health topics. Examples include assessing public awareness of radiation risks, conducting health assessments with homeless individuals, and conducting a campus-wide assessment of knowledge and attitudes towards tobacco use. Evaluating the PHP course presents the opportunity for assessing the experiences and perceptions of students and mentors. Core evaluation needs include understanding the extent to which community mentors' and students' experiences align with each other and with the course objectives, as well as understanding overall trends in students' experiences over time.

Methods

Surveys with narrative and quantitative (scaled) items were used to collect detailed end-of-course feedback from community agency mentors and their respective medical student teams. Averaged scale scores from students' (4 items) and community mentors' (11 items) surveys were compiled, and 51 pairs of scores were examined using Pearson correlations.

Results

Analyses of the 8 year trends in students' overall ratings of PHP showed no statistically significant trends over time. There was a statistically significant relationship between student and community mentor scores ($r = .375$, $p = .01$). Narrative responses were examined to identify themes that reflected shared and disparate perceptions of PHP among student teams and community mentors.

Discussion/Conclusions

A preliminary assessment of the PHP course was presented at the Teaching Academy in spring, 2015. The current study builds on that presentation by expanding the statistical analysis, and supports the conclusion that the PHP course is achieving a high degree of alignment between community mentors and student teams. Given public health projects are community-driven, this data provides evidence of bi-directional community engagement.

Abstract: Designing a Clinical Skills e-Module Using Patient Material – Challenges and Opportunities

Authors: Curtis, Erin; Suresh, Abishag; Dickerson, Jeremiah; Lewis, Judith

Background

With a 2016 ADMSEP Clinical Skills Initiative grant, we are creating an e-module on the mental status exam (MSE) for self-study that can be accessed by students at any time across institutions. Like many e-modules, this one will include multimedia content to demonstrate the conditions and findings described. We will use photographs, film clips, audio clips, and artwork to illustrate various aspects of the MSE. The need for such a tutorial is high given the fact that the MSE is a challenging topic to teach due to the complexity of the exam, the sheer number of potential findings, and the need for each student cohort to have several “refreshers” throughout medical school. Currently, there is no comparable learning activity available on academic Internet platforms.

Description

Our module is based on an internal module we’ve used within our psychiatry clerkship for several years and contains patient material consented for use at our institution. For our published version, we plan to continue to obtain patient-generated materials because we believe that content derived from actual patients, rather than from amateur actors, provides for a compelling and authentic learning experience. Furthermore, although professional actors often represent mental illness in convincing and accurate portrayals, we have learned from experience that obtaining copyright permission to use film examples is, for all practical purposes, impossible.

We present our experience in the design and implementation of a consent process that clearly states that material will be used to educate medical trainees nationally and internationally. We will describe our experience navigating the limits of patient consent in psychiatry and will outline our process about recruiting patient participants from our inpatient units and the process of obtaining consent.

Conclusions

The audience will more clearly understand the ethical, clinical, technical, legal, and procedural challenges commonly encountered during clinical e-module development.

Abstract: The Medical Student Interview Day Panel: Assessing the impact of a student organized and implemented initiative on applicant satisfaction

Authors: Hall, Michael; Gallant, Janice; Morrison, Althea; Barlow, Raiel; Greene, Laura; McElhinney, Elizabeth

Background and Description of Innovation

University of Vermont, Larner College of Medicine (LCOM) is committed to active learning, including numerous peer led learning opportunities. Consequently, LCOM Admissions has largely eliminated lecture style presentations on Interview Day. Data indicates that direct interaction with current students plays a significant role in an applicant's decision to matriculate. Scheduled activities on Interview Day may limit opportunities for applicants to ask questions. Therefore, the LCOM has incorporated medical students throughout the day in various roles including: breakfast and lunch hosts, applicant escorts, and tour guides. A weakness of this method is that not all applicants receive the same information. Thus, the Student Admissions Leadership Team (SALT) created "The Medical Student Interview Day Panel" to intentionally present a consistent student perspective.

Methods

Literature was examined on best practices for conducting a panel. SALT strategically identified essential topics to be addressed in all panels, such as curriculum, student wellness, and diversity. Applicants could confidentially submit questions or ask questions during the panel. The panel moderator was responsible for ensuring all essential topics were incorporated into the panelists' responses to applicants' questions. Electronic surveys were routinely distributed to applicants to determine satisfaction and receive feedback on all activities, including the Panel.

Results and Discussion

Survey data indicates strong applicant satisfaction with the Medical Student Panel, confirming the value of a student panel as an effective and efficient forum in which to present key topics about a medical school from an authentic student voice. Future directions include developing training materials to encourage other medical students to participate as a panelist or moderator, and surveying matriculated medical students at LCOM to evaluate the impact the panel had on school decision. The Medical Student Panel provides medical students with leadership and professional development opportunities, as well as enhances understanding of career paths in academic medicine.

Abstract: Curricular Development Design in the Fast paced NICU Setting

Author: Grev, Jacquelyn

Background

Duty hours have decreased the time pediatric residents spend in the NICU. They desire more education and prefer active and engaged learning. Studies show that active learning leads to better retention and engagement of learners.

Description of project/ Methods

A survey was taken about resident education in the NICU regarding learning preferences, educational time and type of education received. Curricular changes were then made which added protected time to the resident schedule for didactics. This protected time was then changed, and the curriculum changed again with decreased time for education. Next, a more independent and flipped classroom based model was added to the curriculum. Residents were partially surveyed at a mid-way point in curricular change and will be re-surveyed about the final stages of the change to the curriculum.

Results

Prior to the curricular changes there were few monthly didactics, and few NICU specific articles were assigned to read. Residents preferred learning through patient care, case based lectures, teaching by an attending or fellow, or teaching point rounds. Topics that residents desired to learn about were identified. The current NICU resident curriculum consists of a simulation based session for 2 hours, and 3 hours of lecture and case based learning each month as well as an independent flipped classroom based model meant to cover common NICU topics.

Discussion/Conclusions

Creative standardized curricular design can be achieved in a busy and unpredictable ICU setting, with learner preference and effective teaching strategies kept in mind. The final hybrid curriculum achieved in this project combines protected teaching time and independent yet standardized learning and will hopefully ensure educational content despite decreased clinical time.

Abstract: Primary Care Internal Medicine Residents are Behind the Wheel: Integration of a Hub and Spoke Model for Office-Based Opioid Therapy into a Primary Care Internal Medicine Residency Curriculum

Authors: Strout, Emily; Wahlberg, Elizabeth; Greenberg, Caitlin; Whitbread, Kathleen; Geodde, Michael; Maruti, Sanchit; Sobel, Halle

Background

Vermont has had an integrated hub and spoke Model for providing medication assisted treatment (MAT) in response to the opioid epidemic. The Spokes are primary care clinics or obstetrics/gynecology offices that offer office based opioid treatment (OBOT) by providers waived in buprenorphine/naloxone prescribing. Internal medicine (IM) residency programs do not adequately train IM residents in addiction medicine. Under the framework of the Kern Model for curricular development, we proposed the implementation of a MAT curriculum within a Primary care Internal Medicine (PCIM) residency clinic to better train our residents for future practice in this field.

Innovation

Under the framework of experiential learning, residents are matched with 1-3 patients in their continuity ambulatory clinic receiving suboxone and they follow the patients longitudinally under the supervision of a waived faculty member. The residents spend one-week in a newly created Addiction Treatment Program (ATP) addiction medicine elective for this curriculum.

Methods

PCIM residents are assigned a cap of 3 patients on buprenorphine/naloxone and serve both as their primary care physician (PCP) and MAT prescriber under clinical supervision.

PCIM residents will be scheduled to spend one-week in the ATP clinic under the supervision of two addiction psychiatrists as well as the other interprofessional members of the ATP team.

Results

We are providing care for 17 patients in the PCIM resident clinic and are not yet at capacity for more PCIM residents to assume patient care. The pre-survey of comfort with providing MAT and post-survey of providing MAT (collected 1-2 weeks after the ATP elective) will be available at the end of this academic year.

Discussion

This work will be continued such that all PCIM residents complete the ATP elective and more patients on Suboxone need to be assigned to residents as the patients finish the ATP program.

Abstract: What Are They Here to Learn? Meeting the Needs of Residents and Medical Students on an Infectious Disease Service

Author: Hale, Andrew

Background

Residents rotating on an infectious disease (ID) service present both challenges and opportunities. The reasons these learners choose to spend elective time in the ID world has not been clearly elucidated. Prior research has suggested that an excellent experience with ID in medical school or residency is correlated with choosing a career in ID, which is currently a matter of significant concern. However, teaching curricular content to such learners is often challenging, given time constraints on both faculty and learners. On-service teaching frequently takes the form of case-based, “What you see is what you get” experiences. However, in the whirlwind of service obligations, such learning risks missing the broader picture and a thorough review of evidence-based management on core topics in ID. Core-curriculum learning material on ID topics that promotes active learning and that can be done on a learner’s individual timeframe offers significant benefits.

Description of Project

- 1) Survey based assessment on perceptions of residents and faculty on what learners want out of an ID elective experience.
- 2) Creation and assessment of an ID core curriculum.

Methods

Residents at a single large tertiary care center were surveyed as to what they wanted from an ID elective. Concurrently, a series of self-driven, active-learning modules on topics in ID were created and assessed. These modules are freely available and learners were asked to complete them. Pre- and post-module tests assessed efficacy of learning.

Results

The survey was completed by 75 learners, and by far the main reason for choosing an ID elective was to increase knowledge in the field (91%). Learners viewed the core-curriculum modules favorably (95%), and post-module test scores had improved significantly over pre-module test scores (70.3% vs 90.0%; $p < 0.01$).

Conclusion

The predominant reason residents choose an ID elective is to gain knowledge in the field. Via exposure to newly created, self-driven, active-learning modules in ID, which augment the traditional case-based experience, learners demonstrated improved knowledge in the field. These modules are freely available to the broader community.

Abstract: The IAMSE Medical Educator Fellowship: A novel, international program to foster educational scholarship

Authors: Huggett, Katie; Sadik, Amina; Saks, Norma; Stein, Joseph; Wisco, Jonathan

Background

The Medical Educator Fellowship offered by the International Association of Medical Science Educators (IAMSE) fosters scholarship in health sciences education. Historically, health science educators received minimal teaching and educational scholarship training; neither has been recognized appropriately for promotion. To assist members and promote teaching, IAMSE launched the fellowship in 2009.

Summary of work

Three Fellowship phases are completed in three years. First, the Association for Medical Education in Europe (AMEE) Essential Skills in Medical Education (ESME) Program. Second, two faculty development courses at IAMSE or AMEE conferences. Third, an IAMSE pre-conference session, project mentoring, and project presentation at IAMSE or other international conference.

Summary of results

Since 2009, 30 fellows representing six countries enrolled. To date, 18 completed the program; nine are completing phase three. Projects addressed active learning, peer review, curriculum, assessment, IPE, and e-learning. In phase three, fellows meet with IAMSE fellowship faculty at the annual conference and via web/phone conference for project mentoring.

Discussion

The fellowship supports faculty whose institutions lack educational scholarship expertise. The fellowship provides networking and builds community among participants. There is one limitation of the blended model: following the in-person meeting at an annual conference, subsequent mentoring is via web/ phone and scheduling across multiple time zones can be challenging.

Conclusions

The Medical Educator Fellowship is an effective model for professional development. Participants have successfully completed curriculum development, assessment, and educational research projects. All have been presented in international, peer-reviewed conferences and a growing number result in publication. Future plans include creating opportunities for participants to connect throughout the project phase.

Take-home Messages

An international fellowship program, conducted by IAMSE and anchored by participation in the AMEE ESME course, promotes faculty development and scholarship. This supports faculty promotion and the teaching mission. The blended approach using in-person meetings and web/phone consultation is cost-effective, accessible regardless of location, and adaptable for other professional development.

Abstract: Innovative Population Health Initiative: A novel didactic and experiential curriculum to teach residents the skills necessary to meet the objectives of the triple aim

Authors: Mann, Stephanie; McNamara, Tristan; Levine, Mark; Miller, Karen

The residents we train must appreciate and understand the principles and practices of population health and high value care to meet the future health needs of our population. To meet the educational and experiential needs of resident physicians, implementing a high value care/ population health curriculum focusing on the objectives of the Triple Aim is of vital importance.

We are presently implementing our novel population health curriculum, structured using the approach of exemplary care and learning sites (ECLS). This curriculum includes five IHI modules precepted by faculty champions as well as two 2-hour seminars covering principles of the triple aim/population health. The final phase of this curriculum will involve resident lead inter-professional accountable care teams that will design a proposal to address a specific population health issue.

Evaluation of this curriculum and associated outcomes is performed using the following metrics:

Educational: The Kirkpatrick model will be used to assess learning outcomes using the following tools to both groups at the same time points in a pre/post paradigm.

- QIKAT-R
- Population Knowledge Assessment Test (POPKAT)
- Resident Self Assessment Survey (RSAS)
- Post curriculum survey

Clinical: outcomes will be assessed in two phases

- QI project completion and impact of QI project within 6 months of completion.
- Design of bundles and impact on clinical care 6 months, 1 year, 2 years after implementation.

As a result of knowledge gained from this robust and innovative curriculum, residents will directly impact the quality and value of individual patient care as well as that of the population that extends across our expanded clinical learning environment.

We speculate that implementation of this novel curriculum will ensure our graduating residents have a strong understanding of QI and population health and will learn the skills necessary to practice in complex health care systems.

Abstract: Enhancing Interprofessional Collaborative Practice

Authors: Marroquin, Bridget; Mann, Stephanie

Background

Interprofessional (IP) collaboration is critical for the provision of high quality obstetrical care. One aspect of this collaboration is creating an environment that is conducive to collaborative learning. Concept mapping is an active learning tool that promotes collaborative learning. Participants plot their collective knowledge and discover connections, allowing linking between providers with different perspectives and priorities.

Description

Concept mapping, was piloted at UVMMC. The investigator facilitated a monthly concept mapping activity on L&D. After the initial mapping session, the concept maps (drawn on paper) were displayed on the unit. Additional paper and markers were available as interval concept mapping was encouraged. Providers were required to consult team members from another discipline when adding concepts to the map.

Methods

After each mapping session, the participants completed a voluntary survey eliciting opinions regarding the team activity. Additional mapping that occurred throughout the month was color-coded to distinguish from initial mapping concepts.

Results

Two concept mapping sessions have occurred to date (see image 1). Twelve obstetrics care providers participated in the first session; ten, in the second. All participants reported a positive impact on the team learning environment. All participants reported the ability to speak openly and believed their contributions were valued by the team. Longitudinal mapping occurred throughout the month (see image 2).

Discussion

This educational tool requires no advance scheduling, (i.e., just-in-time activity for low-census shifts); and does not limit the number of attendees, as mapping sessions occur on the unit and continue throughout the month. While concept mapping is a validated educational tool, it has not been applied to IP education. With further mapping sessions, we hope to determine if team concept mapping activities encourage Obstetrics care teams to engage in collaborative practice.

Abstract: How am I doing? Comparison of orthopaedic residents' self-perceived performance with independent observer in simulated clinical interactions

Authors: Merena, Stephen; Gara, Melissa; Ames, Elizabeth

Self-regulation and self-directed learning are essential skills for medical students, residents and experienced physicians. The ability of an individual to progress with these skills has been a focus in the medical education literature. Educators and medical training institutions are challenged with monitoring this progression.

The below described simulated patient exercise sought to reveal any differences between independently observed performance and self-perceived performance. Furthermore, this was evaluated for both the PGY 2 and PGY 4 levels.

Methods

Second and fourth year University of Vermont orthopedic residents were asked to participate in a video recorded simulated patient (SP) assessment exercise. The SP was trained to interact with each resident with a specific orthopedic pathology. The resident was instructed to treat the exercise as a clinic based interaction. Two experienced orthopedic surgeons observed each resident/SP interaction and completed an evaluation form. Following the completion of all resident assessments, the residents were interviewed (video recording) and asked to reflect on the SP exercise and to share their self-perceived strengths and weaknesses. The authors then compared the independent evaluations versus the self-perceived resident feedback.

Conclusions

All participating resident felt that the SP clinical exercise was valuable. There were many suggestions on how the exercise could be improved for future evaluations. Both second and fourth year orthopedic residents were able to express opinions about their own performance. The more experienced fourth year residents were more perceptive and expressed more confidence in their self-perceived strengths and weaknesses.

This information suggests that orthopaedic surgical residents gain ability to self-regulate as they increase in experience. The utility of a SP assessment exercise may provide potential insight to medical educators in monitoring learner self-regulation and self-directed learning skills

Abstract: Use of Simulation for Preparation of Pre-Clinical Medical Students for Global Health Electives

Authors: Moore, Molly; Mertz, Michelle; McNamara, Mariah; Dougherty, Anne; Chan, Daniela; Reddy, Saraga; Meservey, Amber; Kelley, Johanna; Shapiro, Cole

Background and Project Description

As the number of medical students participating in global health electives (GHE) increases, educators face a growing challenge to adequately prepare students for rotations overseas. We describe a pilot study on the use of simulation to prepare pre-clinical medical students for the ethical, emotional, cultural, and safety challenges experienced during GHE.

Methods

Global health educators created three case vignettes based on global health student experiences. Through thematic analysis of written reflections and in-person debriefings, common experiences were identified. Simulations focused on challenges when working with interpreters, differences in cultural beliefs around medical practices, student scope of practice, unequal gender roles, patient requests for money, lack of patient privacy, personal safety, frustration over lack of resources, management of body fluid exposure, and unethical use of photography. Students completed the simulation training prior to departure. A brief anonymous survey was completed upon return. Descriptive analysis was performed.

Results

Eight out of nine participants completed a post-simulation survey after time abroad. Eighty-eight percent would recommend the use of simulation for preparation for future GHE. All participants reported knowing the appropriate steps to take following a needle stick injury, and felt prepared regarding personal safety. While 88% reported understanding their scope of practice, only 75% felt comfortable responding to a request to perform a procedure outside their scope of practice. Seventy-five percent felt comfortable to work in a setting with unequal gender roles, and 75% felt prepared to deal with concerns about patient privacy and confidentiality. Fifty percent of students felt prepared to handle patients who asked them for money, while the remainder reported feeling undecided or unprepared. Seventy-five percent felt the simulation cases gave them additional insights into the way cultural beliefs may affect medical decisions.

Discussion

The use of simulation in the preparation for GHE was well received by pre-clinical medical students in this pilot project. After the simulation session, most students felt prepared to navigate the complex challenges of working overseas, including maintaining personal safety, managing cultural differences, and working within their scope of practice.

Abstract: Stress Management and Resiliency Training for Residents (SMART-R)

Authors: Nathan, Jane; McCray, Laura; Feldman, Nathalie; Menezes, Katherine; Kelley, Johanna; Brooks, Kelly

Purpose

To implement an evidence-based wellness curriculum for resident physicians entitled Stress Management and Resiliency Training (SMART-R) across the University of Vermont Medical Center (UVMCC) and to study the impact of this curriculum on burnout, empathy, and perceived stress among medical trainees.

Background

Burnout is common among medical students, residents and practicing physicians and is rising across all specialties. While extensive literature exists on the incidence and consequences of burnout, there is a paucity of literature on evidence-based interventions aimed at mitigating burnout among resident physicians.

Methods

We are piloting an evidence based curriculum developed at Harvard's Benson Henry Institute (BHI) and endorsed by the ACGME. The 6-hour training program will be incorporated into the curriculum of both surgical (OBGYN) and nonsurgical (Family Medicine) residency programs at the University of Vermont and will be delivered during protected didactic time in three 2-hour sessions across eight months.

A pre-post design using validated tools to measure burnout (Maslach Burnout Inventory), empathy (Interpersonal Reactivity Index), and perceived stress (Perceived Stress Scale) will be utilized to determine the impact of the curriculum.

Results

Data will be analyzed using traditional t tests for continuous data and chi square for categorical data with significance= $p < .05$. We will also develop qualitative pre and post surveys for all groups to obtain beliefs in mind body medicine, use of related practices and assess needs and satisfaction of the training.

Discussion

With serious impacts of burnout now documented, AAMC and ACGME have made student and resident wellness initiatives a priority. This proposal provides a short, comprehensive and inexpensive means to address these concerns with a program developed with over 40 years of consideration and research at the BHI.

Abstract: Inadequacy of financial aid living expense allocations for University of Vermont Medical Students

Authors: Nicoli, Charles; Rosen, Brian

To better understand the financial concerns and circumstances of medical students, the Larner College of Medicine (LCOM) launched a descriptive survey of the classes of 2017-2020. Participants described their financial aid status, amount allocated for living expenses and the adequacy of aid for living expenses. Participants also quantified this disparity and how they compensated for it. Of students responding (209), 130 (62.2%) received financial aid. Those 130 students who received a living expenses allocation reported an average of \$7,784 per semester, and 75 of these students (57.7%) identified a negative difference between their disbursement and actual living expenses. Those 75 students who identified an inadequacy reported a mean difference of \$1,788 per semester. Students cited a variety of approaches used to compensate for this difference, including family assistance (50 students, 66.7%) and the use of credit cards (50 students, 66.7%). We conclude that a difference between living expenses and financial aid disbursements exists in a majority of LCOM medical students receiving financial aid. In response to this disparity, the college adjusted the period of study to increase financial aid eligibility and added financial literacy education for students. We are now investigating the contribution of demographics and life circumstances to this disparity.

Abstract: A method for facilitating reflective discussion among medical students during the human anatomy lab

Authors: Rosen, Lee; Griesinger, Laurie; Jorgensen, Jenna

Purpose

Human anatomy courses present medical students with a singular combination of psychological and academic challenges. Anatomy typically includes cadaver dissection, provoking complex emotional responses in students – while they are working intensely in small, task-focused teams. This study examined a curricular method carried out at the University of Vermont comprising three small-group sessions intended to promote reflection on three topics emerging during the anatomy lab: Emotional Responses to Cadaver Dissection; Effective Teams; and Death and Dying. Each session asked students to share important experiences related to lab.

Methods

In the co-occurring course fostering professionalism and reflectivity, 120 students attended three sessions in small groups in which faculty preceptors facilitated semi-structured discussion. Session 1 encouraged sharing feelings about cadaver dissection; session 2 elicited strategies related to effective dissection-team functioning; session 3 explored students' experiences with loss. Students subsequently completed questionnaires including Likert questions and open-ended comments. Comments were subjected to thematic analysis, and a coding scheme categorized themes.

Results

113 (94%) students responded. 84% felt the sessions prompted important discussions, and 88% felt that they facilitated a reflective experience. 83% indicated that these sessions were a useful adjunct to the lab. Thematic analysis of open-ended comments showed positive responses from 69% of students, with the most common theme (52%) articulating the benefit of talking with peers about difficult experiences.

Conclusion

This curricular triad of important topics arising during cadaver dissection exploring dissection itself, teamwork, and death and dying is a useful adjunct to a traditional anatomy curriculum. It created unique, important discussions. Despite the emotionally charged nature of these conversations, students remained positive about this curriculum.

Previous literature notes curricula related to each of the topics presented here. The unique feature of this method involves their successive combination, allowing medical students to focus and develop reflective discussions around the anatomy lab.

Abstract: Simulation Curriculum in Inpatient Internal Medicine Clerkship: Development of Reporter and Interpreter Skills

Authors: Wolfgang, Taylor; Leclair, Laurie; Menon, Prema; Gilbert, Matt; Garrison, Garth; Polish, Lou; Beatty, Dennis

Background/Description

The R.I.M.E. framework is used to assess and evaluate learner performance throughout clinical training in medicine. Development of reporter (R) and interpreter (I) skills are learning objectives common to all third year clerkships and proficiency is rare early in the clerkship year, despite faculty expectations that these skills are present. We sought to assess and track the development of reporter and interpreter skills in third year clerkship students through periodic self-assessment and observed performance in a simulation curriculum.

Methods

In a pre/post cohort study design, groups of 3-4 third year medical students participated in four clinical simulation sessions over two days during their inpatient internal medicine clerkship orientation. Students were directed to obtain a focused history and physical and prepare to perform an oral presentation during the standardized simulation session debrief. Students completed a self-assessment questionnaire before and after the simulation sessions and then again at the end of the clerkship. Student group performance in simulation sessions were scored using a standardized checklist by three independent reviewers.

Results

Four clerkship flights (59 students) have completed the simulation curriculum and associated self-assessments. Students made frequent errors when instructed to place in order the components of a history and physical but improved following the simulation sessions. The number of pre-simulation errors decreased in later clerkship flights. Student-reported confidence in reporter and interpreter skills improved following the simulation sessions. Further gains were made during the inpatient internal medicine clerkship and with later clerkship flights. Observed student performance in the simulation sessions improved from day one to day two and between flights. This was especially true in interpreter-related domains.

Conclusion

Beginning clerkship students have limited skill in performing a focused history and physical but improve with a targeted curricular intervention and further exposure to clinical medicine, regardless of specialty. Managing faculty expectations about clerkship student skills, particularly early in the clerkship year, and faculty development focused on providing effective teaching and feedback in reporter and interpreter skills may enhance the third year clerkship student experience.

Abstract: Internal medicine resident experiences with a 5-month outpatient diabetes and obesity panel management curriculum: A qualitative and descriptive analysis

Authors: Hadley Strout, Emily; Sobel, Halle; Landrey, Alison; MacLean, Charles

Background

Panel management is a **proactive approach** to optimizing care for a **defined population** of patients¹⁻³ Competency in panel management is an internal medicine (IM) **graduate medical education requirement**⁴ Objective: To explore resident experiences with a 5-month outpatient panel management curriculum.

Methods

Design: 1) Qualitative and descriptive analysis of resident responses to a worksheet, reflection and structured questionnaire; 2) Pre-post comparison of A1C using paired t-test.

Setting: 5 month panel management curriculum (total of 5 clinic weeks in a 4+1 block schedule) implemented at an academic internal medicine resident clinic in Vermont, US.

Participants: 42 IM residents. **Curriculum intervention:**

- Residents received registries of their patients with diabetes (A1c ≥ 6.5), pre-diabetes (A1c 5.7-6.4), and obesity (BMI >30)
- Residents completed Patient Education and Assessment Center (PEAC) online learning modules on diabetes⁵ and obesity⁶
- Residents collaborated with their medical team to coordinate care, perform patient outreach, and chart review
- Residents focused office visits on closing gaps in care and providing evidence based care
- Residents completed written reflections about successes/barriers, a worksheet on outcomes of their panel management activity, and a Likert scale survey about their experiences with the curriculum

Results

41 residents completed the survey, 39 completed the worksheet, and 40 completed the reflection. The mean baseline A1c was 7.7% and the average post A1c was 7.6% with no significant difference between pre and post hemoglobin A1c values (n=247 p = 0.41). 65.9% residents reported that the panel management activity increased their patient ownership versus 34.1% felt there was no change.

Conclusion

Limitations: Non-validated resident survey; single institution limits generalizability; and the follow up interval may not have been long enough to show a change in glycemic control (A1c values). The panel management curriculum was well received by the residents and was effective in preparing residents to approach care outside of an office visit. Overall, residents reported: Improved patient care/patient relationships and collaboration with the health care team; difficulty in ensuring patient follow up, engaging patients in motivation to change, and in competing with other priorities in complex patients; and increased ownership of their patients.

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