THE TEACHING ACADEMY
UVM LARNER COLLEGE OF MEDICINE

2024 Snow Season Education Retreat

Thursday, January 18 & Friday, January 19, 2024

PROGRAM

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2024 Snow Season Education Retreat
PROGRAM

Thursday, January 18 and Friday, January 19, 2024

Thursday, January 18, 2024

TIME	SESSION	LOCATION
1:00-1:10 PM	**Welcome** *Katie Huggett, PhD* Teaching Academy Director Assistant Dean for Medical Education	Zoom Link Meeting ID: 990 2332 2464
1:10-2:00pm	**Plenary** **Earth and Health - Integrating Planetary Health into Medical Education** *Carlos Faerron Guzman, MD, MSc*	Zoom Link Meeting ID: 990 2332 2464
2:15-2:45PM	**Oral Platform Presentations** *Moderator: John Miller, MD* • Introduction to Medical Imaging: A Novel Undergraduate Course *Christopher Kanner, DO; Naiim Ali, MD; Ryan Walsh, MD; James Graham, MD; Aziza Jadallah, MMS* • Discrimination-Based Trauma as a Risk Factor for Burnout Among Women Trainees in Medicine *Vall Vinaithirthan, MD*	Zoom Link Meeting ID: 990 2332 2464

3:00 PM-4:00 PM   1st Breakout session

A	How does Planetary Health Matter for [My Specialty] & What Can I Do About It? Methods to Incorporate Planetary Health into Your Teaching *David Rand, DO, MPH; Andrew Rosenfeld, MD; Michael Latreille, MD; Christina Vatovec, PhD; Megan Malgeri, MD*	Zoom Link Meeting ID: 971 9242 7441
B	The Dynamic Spaces of Humanized, High-Quality Online Asynchronous Courses *Jan Carney MD, MPH; Carolyn Siccama, EdD*	Zoom Link Meeting ID: 967 3372 7479

Friday, January 19, 2024

TIME	SESSION	LOCATION
8:00-9:00 AM	**Poster Session with continental breakfast**	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center
9:00-9:15 AM	**Welcome** *Katie Huggett, PhD* Teaching Academy Director Assistant Dean for Medical Education	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center

9:15-10:30AM   2nd Breakout session

A	Trauma/Violence Informed Care (TVIC) *Cate Nicholas, EdD, PA*	Chittenden Bank Room, 4th Floor, Dudley H. Davis Student Center
B	Interprofessional Education and Collaborative Practice in Health Professions: The Why, The How, and The What's Next? *Naomi Hodde, MD, FACP; Kathleen Monforte, DNP, RN, PCCN*	Jost Foundation Room, 4th Floor, Dudley H. Davis Student Center
C	Planning for Promotion and Expanding Your National Reach *Bridget Marroquin, MD; Emily Stebbins, MD*	Williams Family Room, 4th Floor, Dudley H. Davis Student Center

10:30-10:45 AM Break

10:45 -12:00 PM   3rd Breakout session

A	Incorporating Advocacy into Medical Education Curriculum *Colton Jensen, MD; Rebecca Bell, MD; Mark Levine, MD; Anne Morris, MD; Tessalyn Morrison, MD*	Chittenden Bank Room, 4th Floor, Dudley H. Davis Student Center
B	iPad Minis in the Classroom: What to Expect and How to Incorporate Them into your Course *Rajan Chawla, MPH; Cathy Ryan, MEd*	Jost Foundation Room, 4th Floor, Dudley H. Davis Student Center
C	The Deans for Students Perspective: What Faculty Should Know About Medical Student Advising *Karen George, MD, MPH; Katie Dolbec, MD*	Williams Family Room, 4th Floor, Dudley H. Davis Student Center

12:00 PM Conference concludes. Please complete the online evaluation. If you wish to receive CME credit, scan the QR code, login to [MyCredits,](#) and complete the required documentation within 30 days of the retreat.

Plenary Information

Earth and Health - Integrating Planetary Health into Medical Education

Carlos Faerron Guzman, MD, MSc

Associate Professor and Program Director, Global Health Programs, University of Maryland Baltimore
Director, Centro Interamericano para la Salud Global (CISG)
Associate Director, Planetary Health Alliance, Harvard T.H. Chan School of Public Health
Adjunct Faculty, Oral Health Policy and Epidemiology at Harvard University

The plenary will explore the emerging field of planetary health and its critical importance in the training of future health professionals. Planetary health focuses on understanding and addressing the interdependent health of human civilizations and the natural systems on which they depend. This session aims to illuminate the ways in which the health curriculum can be enriched with planetary health concepts, frameworks, and values.

Session Learning Objectives

Plenary
Earth and Health - Integrating Planetary Health into Medical Education
Carlos Faerron Guzman, MD, MSc

The plenary will explore the emerging field of planetary health and its critical importance in the training of future health professionals. Planetary health focuses on understanding and addressing the interdependent health of human civilizations and the natural systems on which they depend. This session aims to illuminate the ways in which the health curriculum can be enriched with planetary health concepts, frameworks, and values.

Session Objectives:
1. Understand principles of the planetary health framework in the context of health education.
2. Explore curriculum integration strategies for incorporating planetary health into health education, highlighting interdisciplinary approaches.

How does Planetary Health Matter for [My Specialty] & What Can I Do About It? Methods to Incorporate Planetary Health into Your Teaching
David Rand, DO, MPH; Andy Rosenfeld, MD; Michael Latreille, MD; Christina Vatovec, PhD; Megan Malgeri, MD

We will provide an overview of Planetary Health, distinguishing this from medicine-as-usual, and highlighting benefits of a whole health approach. We then demonstrate clinical examples of teaching Planetary Health followed by participant-driven scenarios for applying Planetary Health method. Pedagogical approaches include direct methods (focus on planetary health with the patient), indirect methods (focus on planetary health at the clinician or clinic/unit level), and advocacy (supporting policy, legislation, testifying).

Session Objectives:
1. Develop a broad understanding of the relationship between human health and Planetary Health.
2. Describe 3 or more methods for incorporating planetary health into your practice and teaching.
3. Apply these methods to including Planetary Health in a current clinical and/or teaching scenario from your practice.

The Dynamic Spaces of Humanized, High-Quality Online Asynchronous Courses
Jan Carney MD, MPH; Carolyn Siccama, EdD

Asynchronous online courses go far beyond Zoom meetings. They are dynamic online spaces which allow a group of students to progress through their learning as a cohort and allow for flexibility and convenience of busy schedules. In this session, you will learn about this dynamic environment by doing. You will have the opportunity to see actual examples of asynchronous online modules from UVM Graduate Public Health courses and participate in an interactive and dynamic online discussion with your peers.

Session Objectives:
1. Compare and contrast synchronous and asynchronous online learning.
2. Identify characteristics of a dynamic asynchronous online discussion.

3. Discuss strategies for faculty presence and humanizing online courses.
4. Recognize examples of active learning teaching strategies in an asynchronous online course.

Trauma/Violence Informed Care (TVIC)
Cate Nicholas, EdD, PA

We can never know which of the patients we are seeing has experienced interpersonal violence, abuse or neglect and/or structural violence. People who have been traumatized by violence may avoid seeking healthcare services because of fear of retraumatization. Following a TVIC model as a universal practice helps us to avoid unknowingly retraumatizing a patient.

Session Objectives:
1. Discuss interpersonal trauma/violence and structural violence
2. Explore the 4 principles of TVIC
3. Transform a standard patient visit into a TVIC visit.

Interprofessional Education and Collaborative Practice in Health Professions: The Why, The How, and The What's Next?
Naomi Hodde, MD, FACP; Kathleen Monforte, DNP, RN, PCCN

Interprofessional Education (IPE) is a vital component of health professions education that allows students from different disciplines to collaborate, communicate, and interact as a team. In this workshop, you will get hands on experience designing an Interprofessional Education (IPE) session that can be utilized in a course or clinical setting.

Session Objectives:
1. List the definition and core competencies of Interprofessional Education (IPE) for health professions students.
2. Examine the benefits and barriers to IPE implementation.
3. Describe the key components that make an interprofessional collaborative practice successful.
4. Begin designing an Interprofessional Education (IPE) session within a current practice, course, or clinical setting.

Planning for Promotion and Expanding Your National Reach
Bridget Marroquin, MD; Emily Stebbins, MD

Developing one's "national reach" can be a daunting task for early career scholars. In this workshop, participants will learn from a panel of experienced educators as they share their unique stories. Participants are asked to bring their own CVs. There will be an opportunity for expert review, identifying "national reach" opportunities.

Session Objectives:
1. Discuss common pitfalls and pearls when pursuing a national reputation.
2. Identify current academic pursuits that have potential for the national platform.

3. Develop a plan for expanding specific scholarly activities.

Incorporating Advocacy into Medical Education Curriculum
Colton Jensen, MD; Rebecca Bell, MD; Mark Levine, MD; Anne Morris, MD; Tessalyn Morrison, MD

The session features a panel of 4 physicians discussing the importance of advocacy and its role in medical education, followed by participants devising and discussing a plan to incorporate advocacy into their own medical education curriculum.

Session Objectives:
1. Summarize the importance of advocacy in medical education.
2. Describe different ways to incorporate advocacy into medical education curriculum.
3. Develop a plan for an advocacy session to integrate into medical education curriculum.

iPad Minis in the Classroom: What to Expect and How to Incorporate Them into your Course
Rajan Chawla, MPH; Cathy Ryan, MEd

In August, LCOM began issuing first- and second-year medical students iPad Mini tablets and Apple Pencils for use in the Foundations curriculum. The education technology team will discuss and demonstrate how students are using these tools and associated mobile applications and facilitate a discussion exploring how faculty and course directors might leverage the iPad Minis and apps in their coursework. iPads and Apple Pencils will be available for exploration during the session.

Session Objectives:
1. Identify how students are using iPad Mini tablets and associated medical resource and reference applications in the LCOM curriculum.
2. Describe how iPad Mini tablets and mobile applications and tools can be incorporated into the LCOM curriculum.

The Deans for Students Perspective: What Faculty Should Know About Medical Student Advising
Karen George, MD, MPH; Katie Dolbec, MD

Advising medical students can feel confusing and overwhelming. In a dynamic, ever-changing, post-pandemic residency application where each specialty is unique, how does a faculty member know that they are providing accurate and timely advice to students that doesn't contradict what they are hearing from the Office of Medical Education or their peers? What if a student you are advising is interested in a specialty that isn't your own? What information are students hearing from the Office of Medical Education? What resources exist for improving specialty advising for medical students? These questions and more will be answered in this session. Make sure to bring your own questions, as well!

Session objectives:
1. Describe the LCOM specialty advising process during the clinical years of the curriculum.

2. Navigate the AAMC Careers in Medicine website at the LCOM Career Advising website and know where to find specialty specific information.
3. Discuss ways to improve communication between faculty advisors at all levels of the curriculum.

CMIE 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 5 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.

Financial 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 financial interests from ineligible companies from anyone who has control of the content (speakers, planners, moderators, reviewers).

- **None of the planners/speakers or CMIE reviewers have any relevant financial relationships with ineligible companies.**

Support received from Ineligible Companies:

- **We have not received any 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 ineligible 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 ineligible 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.

Snow Season Education Retreat
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*Indicates Teaching Academy Member

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Inducted January 17, 2024

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Massoud Saleki, MD
Amy Schumer, MD
Sean Till, MD
Patrick Zimmerman, DO

Awards for Teaching and Educational Excellence
Conferred at the Teaching Academy Induction and Award Ceremony
on January 17, 2024

Teaching Academy Awards

Innovation in Curriculum Development or Pedagogy
Anisha Rimal, MD
Department of Pediatrics

Educational Scholarship
Bei Zhang, MD, PhD, MLS(ASCP)CM
Department of Pathology and Laboratory Medicine

Outstanding Contribution
Clara M. Keegan, MD
Department of Family Medicine

Frederick C. Morin III, MD Educational Leadership Award
William V. Raszka, Jr., MD
Department of Pediatrics

Distinguished Service Award
Cate Nicholas, EdD, PA
Department of Department of Obstetrics, Gynecology and Reproductive Sciences

Medical Group Education Awards

Graduate Medical Education (GME) Educator of the Year
Mirabelle Sajisevi, MD
Department of Surgery

Continuing Medical and Interprofessional Education (CMIE) Educator of the Year
Joseph Miller, BA
Central Programs Education

Poster Session Abstracts

1. Radon Curriculum for Internal Medicine Residents

Authors: Dominique Billingslea, MD; Garth Garrison, MD
Category: Research

Background

Radon is the second leading cause of lung cancer in the United States, resulting in 21,000 deaths annually. Despite being responsible for more deaths than drunk driving or cervical cancer, radon remain largely absent from medical training and outside the purview of most physicians.

Description

Limited data exists regarding physician knowledge of radon, but one study in North Dakota found that of 350 physicians surveyed, only 67% knew "radon is a leading cause of lung cancer in nonsmokers" and 67% reported that they did not inform patients about radon (Schmitz, et al 2020). With this knowledge, we developed a 45-minute interactive didactic curriculum to teach Internal Medicine residents, with an anonymous multiple choice pre- and post-test.

Methods

The test assessed general knowledge regarding radon, including prevalence, health effects, and testing/mitigation strategies. Additionally, two questions addressed resident confidence in 1) their understanding of the health effects of radon and 2) their ability to educate patients about radon.

Results

Average test scores improved from 48.8% to 92.9%, while resident confidence on a 0-6 rating scale increased in both their radon knowledge (average 1.25 to 4.67) and their ability to educate patients (average of 0.67 to 4.75).

Discussion

These results show the clear efficacy of the curriculum in educating resident physicians and closing this important knowledge gap. A limitation of this study is the timeframe of test administration as these data represent short-term memory retention. Re-administration of the test at a one-month interval would help capture data on longer-term retention. Further research is needed to link this knowledge to future clinical practice and ultimately to impacts on patient health.

Study exempt from IRB. There was no previous dissemination. There are no disclosures.

Poster Session Abstracts

2. **Learning by drawing: Improved learning of brainstem anatomy after facilitated illustration exercise**

Authors: Erin D'Agostino, Isidora Beach, MD; James Sorenson, MD; John Taylor, MD
Category: Research

Background
Drawing has been demonstrated as an effective method of teaching anatomy, most frequently limited by time and resource availability. We propose a simple method of video-based instruction to teach drawing of brainstem anatomy to first year medical students.

Methods
Subjects were recruited from a first-year medical school neurology class to participate in an optional educational session in their regular course schedule. 31 students participated and completed brief pre and post tests. Participants were randomized to either passively watch a video demonstrating a step-by-step approach to illustrating the brainstem or to actively draw the brainstem as a step-by-step process in alignment with the same video. Learning was evaluated in terms of score differential on brief pre- and post-session anatomy tests, incorporating 12 questions focused on anatomy applied in different contexts such as pathophysiology and radiology. Repeated measures were utilized to evaluate for within subject differences.

Results
31 students participated voluntarily and anonymously in the study. 22 students were randomized into the "draw" group, and 6 into the "no draw" group. Pre-test scores were insignificantly different between the two groups, with the former answering 55.4% of questions correctly (SD 24.4) and the latter 65.2% of questions (SD 19.4). As a whole, the students improved significantly (p=.0004), with an average improvement of 14.7 percentage points (SD 20.7). However, when each group was evaluated independently by repeated measures, only the "draw" group improved significantly (p=.0001), by an average of 17.8 percentage points (SD 17.8). The "no draw" group did not improve significantly, averaging 4.5% improvement (SD 22.1).

Conclusions
Students who drew the brainstem were better able to answer questions about it afterwards. Instructing step-by-step drawing by a brief video is demonstrated as a time- and cost-effective method of teaching anatomy.

Poster Session Abstracts

3. Orientation to Family-Centered Rounding for Clerkship Students: A Resident-Led Intervention

Authors: Jonathan Danel, MD; Sarah Hepworth, MD; Alex Zajack, MD; Molly Rideout, MD
Category: Medical Education

Background

Although family-centered rounding (FCR) is a widespread practice in pediatrics, there is no standard curriculum to teach this skill. Residents at the University of Vermont Children's Hospital noticed clerkship students were not prepared for FCR when starting the inpatient pediatrics rotation. Previous studies show that students feel more prepared to lead FCR when directly taught by residents, particularly following observed demonstration and opportunity to practice. Studies also show that students desire more support in rounding education. Active, resident-led sessions focused on FCR can better prepare students for rounding on their inpatient rotation.

Description

Implemented a resident-led teaching session during clerkship orientation aimed at increasing the preparedness of third-year medical students for FCR during their inpatient pediatric rotation.

Methods

We collected surveys regarding self-reported preparedness from each cohort of medical students during their pediatric clerkship rotation in 2022-23 and from the first four cohorts in 2023-24. The first 4 cohorts of 2022-23 were considered the pre-intervention group. During the 5th cohort orientation in 2022, the residents introduced an in-person 90-minute session involving introduction to pre-rounding and simulation of FCR that was subsequently every orientation block. Data for the pre- and post-intervention groups were compared using a 2-way ANOVA test comparing each of the first four clerkship rotations from pre- to post-intervention.

Results

The post-intervention group reported a significant improvement in preparedness for FCR compared with the pre-intervention group ($p < 0.01$). There was also a significant increase in students' self-reported preparedness for pre-rounding ($p < 0.01$) for the first 2 cohorts only.
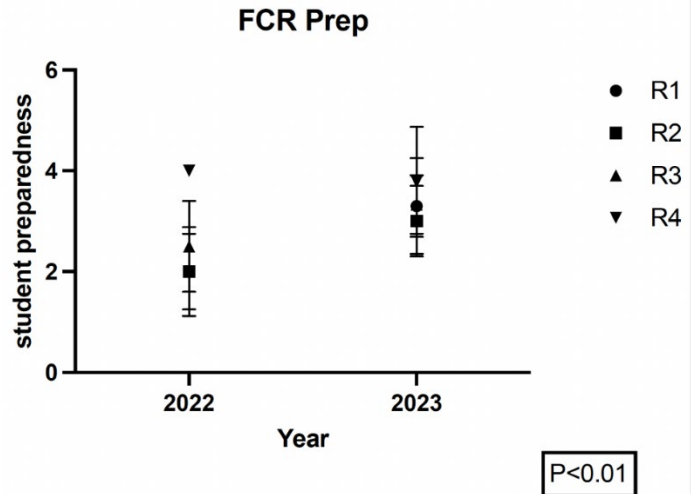
FCR Prep

Discussion

A resident-led simulation-based teaching session was an effective intervention to increase students' perceived preparedness for FCR. Pre-rounding education seems to be most beneficial during the beginning of the academic year, presumably since students gain capitalizing experience with each rotation. Areas for further study include student practice sessions with standardized patients and observational sessions with residents.

Poster Session Abstracts

4. Assessing medical student experiences with distressing patient cases and debriefing during third-year clerkships

Authors: Lily Deng; Natalie Qin; John Wax, MD
Category: Research

Background

Medical students often encounter unexpected patient complications or deaths for the first time during third-year clerkships. Research has shown that debriefing after distressing patient encounters facilitates reflection, provides space for emotional processing, and improves clinical performance. While there have been multiple studies on residents' experience with debriefing, few studies focus on medical students.

Methods

We distributed a REDCap survey to 237 third (M3) and fourth year (M4) medical students at the University of Vermont Larner College of Medicine. Questions assessed students' experiences with processing distressing patient cases in the clinical environment, experiences with debriefing, and current knowledge and use of existing support resources. We calculated the percentage of students who (1) experienced distressing events, (2) had debriefing sessions with their team, and (3) believed additional support was needed.

Results

48 responses (36 M4, 12 M3) have been collected thus far. All respondents reported having experienced a distressing event during third year and felt debriefing was necessary to some extent. 75% (8/12) of M3 respondents experienced debriefing and 50% (6/12) reported a need for support groups outside the clinical environment with either therapist-led groups or integration into the curriculum. 47% (17/36) of M4 respondents experienced debriefing and 61% (22/36) feel they would benefit from support groups, with majority preferring peer-to-peer or therapist-led groups.

Conclusion

Our study indicates a desire for formal debriefing during the clerkship year and will be used to support the development of a peer-to-peer support group outside the clinical environment. There is no clear consensus on format, so we hope to start addressing this need by piloting a Balint-like group as well as training a group of fourth-year medical students to provide empathetic listening for clerkship students.

This study is IRB-exempt. We do not have any disclosures.

Poster Session Abstracts

5. Assessment of a Novel Pediatric Global Health Curriculum

Authors: Andrea Green, Beth West, Jill Rinehart, Anisha Rimal
Category: Innovations

Background:
The Accreditation Council for Graduate Medical Education recommends that global health (GH) education be part of resident training. Survey methods used to evaluate GH curriculum are not validated tools. The Intercultural Development Inventory (IDI) is a cross-culturally valid, generalizable measurement instrument of intercultural competence along a continuum with a high predictive validity that creates customized profile report (IDP) for each learner. Our goal is to use the IDI/IDP as an evaluation tool for our pediatric GH curriculum and to demonstrate a positive change in resident intercultural competence as measured by the IDI from intern year to resident graduation.

Methods
Annually, IDI assessment occurs at the beginning and end of residency to assess growth in intercultural competence for each resident and the resident year cohort. Individual debriefs are completed by qualified IDI administrators and provide customized results (IDP). Evaluation of the GH curriculum with the IDI is IRB exempt.

Results
Initial findings of the IDI assessments show that the entering interns overestimated their intercultural competence. Interns fell in the polarization, minimization and acceptance domains on their developmental orientation (DO) and in the acceptance and adaptation domains on their perceived orientation (PO). Self-awareness of this difference in developmental orientation is provided through the IDI debrief.

Discussion
The IDI tools provide residents with a quantifiable method for assessing their intercultural development as well as a roadmap to develop future competencies. As expected, our interns rated their PO at a higher level that their DO. Awareness of their initial intercultural mindset, their IDP, and rotating GH curriculum may allow for intercultural growth. As an innovation, the IDI assessment may be used as a tool to measure the effectiveness of a GH curriculum and also as a needs assessment measure. The IDI may be a collaborative tool to measure shared GH curriculum across institutions.

Note: A similar abstract has been submitted to CUGH 24 conference.

6. Lessons Learned About Gender Affirming Healthcare in Vermont

Authors: Molly Greenblat, Julie Scholes
Category: Research

Background

Gender affirming healthcare is essential to the health and wellbeing of Vermonters. With Vermont being one of few states with protected gender affirming healthcare, providers can expect continuing rises in the number of transgender and gender non-conforming patients. UVMMC's 2022 Community Health Needs Assessment (CHNA) designated improving inclusive and accessible care one of the health network's highest active priorities.

Project

Funding and partnership from a Schweitzer Fellowship allowed the opportunity for research into the current scope of gender affirming healthcare within Vermont.

Methods

With guidance from partnerships with Pride Center of Vermont and local healthcare providers, gender affirming providers were identified. Available services have been audited through listening sessions, feedback from people with lived experience, and through providers themselves.

Results

Several opportunities for improving the provision of gender affirming care have arisen. While there are excellent providers identified, there are opportunities to strengthen the provider network through increased communication. Many resources are identified and shared by word of mouth and there is a need for tangible and accessible guidance to navigate care.

Discussion/Conclusions

It is increasingly essential for providers to be competent in caring for transgender patients in every specialty of care. There are identified opportunities for medical education to better inform students on the significance of using a patient-centered approach for their patients. Continued efforts from the project will go toward strengthening connections between providers so they feel more supported in their work. Deliverables produced from this partnership will help patients better identify the right provider for their needs, reducing harm and improving outcomes.

Disclosures

Research performed during Schweitzer Fellowship with partnership between LCOM and Pride Center of Vermont.

7. Exercise as Medicine (EaM): A hands-on introduction to physiology and foundational movement patterns

Authors: Alex Jenkins, Marc Hickok, Lee-Anna Burgess
Category: Innovations

Background
The CDC recommends physical activity to improve brain health, weight management, reduce disease, and strengthen bones and muscles. Curriculum has been developed to teach nutrition counseling and lifestyle medicine in medical schools, but to our knowledge, we found no evidence of curriculum that combined teaching of exercise physiology with practical movement review and appropriate coaching of movement.

Description
This course offered hands on practical teaching of the foundational movement patterns and where they show up in everyday life. It enhanced language to discuss exercise through motivational interviewing. It also promoted physical health through supervised group exercise and enhanced collaboration with peers and interprofessional groups.

Methods
The course was offered as a 4-week optional course, with 1 session per week, comprised of: 45min of didactic teaching of exercise physiology, 45min of hands-on movement-based practical teaching on the foundational movement patterns, and 15-30min of a group workout.

Results/Content
Session topics for the four weeks included: strength, aerobic capacity and endurance, motivational interviewing, and mobility and injury prevention. The following foundational movement patterns were taught: squat, hinge, explosive power production, vertical and horizontal pushes and pulls, core, aerobic (using machines), and unilateral movements. We demonstrated how these can be scaled or progressed as appropriate.

Discussion
This served as a pilot study for a more permanent medical education project focused on teaching proper mechanics of foundational movement patterns to medical students. It also enhanced comradery between students and gave them a space to take care of their physical health. Early introduction into the medical school curriculum could help serve as a foundation for lifelong wellness by introducing positive fitness habits and help mitigate professional burnout. Data also suggests that the physical activity habits of physicians influence their counseling practices in clinic, therefore allowing for better care of patients in the long term.

Poster Session Abstracts

Previous dissemination

Poster presentation at the Primary Care Sports Medicine and Wilderness Medicine Conference, Burlington, VT October 2023

Poster Session Abstracts

8. Living With Diabetes- A Hands-on Workshop

Authors: Alex Jenkins, Jennifer Todd
Category: Innovations

OAP FINALIST

Background
Diabetes affects 37.3 million people, with a total estimated cost of $327 billion. Diabetes is a common cause of hospitalization, death, and disability. Studies have shown significant knowledge gaps in resident education regarding diabetes management, resulting in medical errors and inappropriate care. Although studies show that hands-on diabetes education is beneficial, most are delivered as online, self-paced, or case-based learning, without insight into the day-to-day management of diabetes.

Description
Using personal experience of living with diabetes as a unique educational tool, we created an education session to share the patient experience of daily diabetes tasks, teach diabetes management skills, and foster peer teaching. The hour-long interactive session included an introduction about the presenter's experience with diabetes and three 15-minute hands-on sessions, where participants counted their own carbohydrates for a meal, tested their blood sugar and/or tried on a Dexcom G7 sensor, and put on an insulin pump site.

Methods
We presented the session to pediatric residents and clerkship students, and surveyed participants on their understanding of diabetes care before and after the session and their overall rating of the session.

Results
A total of 17 participants answered the pre-session survey and 7 answered the post-session survey. Prior to the session, the proportion of participants indicating they somewhat or strongly agreed they knew what it felt like to check a blood glucose, give an insulin injection or pump insertion, or to perform the work of carbohydrate counting was 53%, 18%, and 29%; post-session these proportions increased to 100%, 100%, and 86% respectively. All the post-session respondents somewhat or strongly agreed they found the session valuable and would recommend to other residents.

Discussion
The survey demonstrated that the session increased participants' understanding of daily tasks of diabetes management. Future directions include expanding to internal medicine and family practice residents.

9. Building Diagnostic Schemas Improves Resident Confidence in Managing AKI

Authors: Colton Jensen, Varun Agrawal
Category: Research

Background
The complexity of nephrology has been identified as a major contributing factor as to why fewer resident physicians are pursuing it as a career. Improving resident comfort and knowledge about nephrology topics is imperative to decreasing resident perception of their difficulty. We designed a workshop where interns build an AKI diagnostic schema to see if that improved their comfort with the topic.

Methods
The interns received a pre-workshop survey that explored their perceived knowledge of AKI and their comfort level with explaining AKIs to patients and medical students. Interns were briefed on diagnostic schemas and constructed one for AKI. They then underwent didactics on pathophysiology, clinical manifestations, diagnostic work up, and management of AKI using this schema. The group used the schema to map out a general approach for a patient presenting with an AKI and answered practice questions. Finally, they took a post-workshop survey with the same questions as the pre-survey.

Results
12 interns completed the pre-workshop survey and 15 completed the post-workshop survey. In the pre-survey, only 25% of the interns "agreed" or "strongly agreed" they felt comfortable working up and managing a patient with an AKI and only 16% had an organized approach compared to 80% of interns in the post-survey for both responses. 8% and 16% of interns felt comfortable explaining AKIs to patients and medical students, respectively, which improved to 73% and 57% after the workshop.

Conclusion
Internal medicine interns felt more confident diagnosing, managing, and discussing AKI after building and practicing with a diagnostic schema. Though this study was limited by study size and lack of control group, it serves as a first step in collecting data and exploring effective teaching methods for common nephrology topics, with the crucial goal to increase resident comfort level with kidney disorders and bolster interest in nephrology.

10. Introduction to Medical Imaging: A Novel Undergraduate Course

OAP FINALIST

Authors: Christopher Kanner, DO; Naiim Ali, MD; Ryan Walsh, MD; James Graham, MD; Aziza Jadallah, MMS
Category: Innovations

Background

There have been limited but mixed reports about radiologist involvement in collegiate education at the undergraduate level. Here we present our model and implementation of a radiologist-driven undergraduate course at UVM with the goal of empowering students to understand the role of medical imaging within the healthcare system, in the community, and in their personal lives.

Description

A course entitled "Introduction to Medical Imaging" is offered to all undergraduate students without prerequisite. The course comprises a series of twice weekly lectures at UVMMC given by a variety of subspecialty-trained radiology faculty members from the UVM radiology department. The primary content of the course lectures includes an overview of the different imaging modalities and their basic scientific principles, common imaging studies including interpretation techniques, radiation safety, and the role of medical imaging within the broader healthcare system and global community. Hands-on opportunities, a tour of the radiology department, and a panel discussion on careers in radiology covering a wide range of roles in the department are also included in the course.

Methods

Student performance is evaluated using a combination of exams, projects, and presentations. Confidential surveys completed by enrolled students prior to, and following completion of the course contain questions addressing understanding of the course material particularly in the domains of safety, technical knowledge, and the healthcare system, as well as overall experience and level of satisfaction with the course.

Results

The results of the surveys confirm a successful model for implementation of an introductory level undergraduate medical imaging course.

Discussion

Furthermore, the course constitutes a novel approach to radiology education at the undergraduate level with few, if any counterparts in other academic radiology departments across the country.

This curriculum was previously presented on a national stage at the Association of University Radiologists (AUR) annual meeting in 2021. The authors have no relevant financial disclosures.

11. Teaching Biostatistics Online: Video Recorded Lectures and Articulate Rise

Authors: Shamima Khan, Jan Carney, Elzerie De Jager, Thomas Delaney, Audree Frey, Thomas Griffin, Carolyn Siccama
Category: Innovations

Background
In online asynchronous courses, a common format of content presentation is short, recorded video lectures (VRLs). VRLs are beneficial as they allow students the opportunity to watch and listen to a lecture and replay any portion to support their learning. One drawback: VRLs are passive, with usually no interactive elements requiring student input.

Description
Teaching an online a quantitative course provides the opportunity to explore new tools for presenting course content. In this course, AR has been used to replace short VRLs. The benefits of AR include elements of interactivity, such as, integrated knowledge checks, flash cards, labeled graphics and equations. Additionally, short videos can be integrated into AR, such as a "Biostatistics ER" which is a video series created so students can watch the instructor work through specific problem sets.

Methods
The asynchronous, online introductory course Biostatistics I consists of 14 weekly modules. The course content in modules 1 to 7 has been converted from video lecture into AR. The course elements in modules 8 to14 is delivered through short, VRLs. An online questionnaire will be used to survey MPH students enrolled in Fall 2023 in the course. The questionnaire asks students about their attitude and perception toward the two different types of content presentation: VRLs and AR, as well as to reflect on the strengths and weakness of each approach.

Results
Work-In-Progress

Discussion
Modern technology tools allow faculty the opportunity to integrate new ways to present content and assess student attitude and perception toward these tools. This provides opportunities to explore new ways to improve teaching and learning in public health, especially in areas of quantitative sciences. The current study will provide preliminary evidence about student preference for delivery of video content, which influence the adoption of AR in other quantitative courses.

IRB Determination: The UVM Office of Research Protections has determined that this project/ survey is "not research" as it is intended as quality improvement or public health practice.

12. Electronic Medical Record Note Template Preferences at the University of Vermont Health Network

Authors: Anna Landis, Hayden Christensen, Rachel MacEntee, Marie Sandoval, Michelle Cangiano, Alicia Jacobs, Sean Maloney
Category: Quality Improvement

Introduction

Effective documentation of patient encounters in the electronic medical record (EMR) is a cornerstone of medicine. However, charting burden contributes to provider burnout. Historically, the SOAP (Subjective, Objective, Assessment, Plan) note is considered standard for capturing clinical information, but recently, the APSO (Assessment, Plan, Subjective, Objective) format emerged as a novel approach. We investigate Primary Care providers' experiences with the newly introduced UVMHN APSO note template in the EMR.

Methods

Data was anonymously collected from UVMHN General Internal Medicine, Family Medicine, and Pediatrics providers utilizing a REDCap survey and analyzed using Excel and SPSS.

Results

45 of 241 providers queried responded (18.6%). Among APSO note authors (n=30), 90% found charting easy/very easy, with 80% remarking that switching to the APSO format was easy/very easy. Further, 78.57% of APSO note readers (n=39) reported less time browsing APSO notes compared to SOAP, with many remarking that APSO reduces "note bloat". Authors largely found similar time charting with APSO compared to SOAP (73.33%). 84% of APSO readers and 90% of APSO authors reported satisfaction with the template.

Discussion

High satisfaction was found among respondents. Users find the format very easy to switch to and use, while consumers are pleased with the speed and ease of parsing clinical data, illustrating the ability of APSO templates to streamline visits. However, authors indicated little improvement in time spent charting. More work is required, including quantitative analysis of time spent charting, to examine the efficacy of the APSO template in improving provider workplace satisfaction. This study was limited by a low response rate and lack of quantitative information to confirm subjective responses.

Presented at Vermont ACP Chapter Meeting as a Poster (Sep 29,2023)
The authors report no disclosures.

13. Producing high-quality educational videos of specimens obtained through the UVM Anatomical Gift Program

Authors: Tyler McGuire, Abby Mercier, Raj Chawla, Anna Ricci, Abby Hielscher, Nate Jebbett
Category: Innovations

Introduction

During the Covid-19 pandemic, the anatomy faculty created educational videos focusing on different regions of the body, providing learners the opportunity to visualize gross anatomical structures that they would have ordinarily seen and dissected in the anatomy lab. Since this time, there is a need to update many of these resources to better reflect changing medical student needs as well as changes in the curriculum.

Methods

To produce high quality anatomical teaching videos, specialized lighting and camera equipment were obtained through B+H Photo. Priority was given to anatomical regions (e.g., the pelvic anatomy) for which medical students no longer perform dissections but are still required to know the anatomy from provided prosections. Scripts were prepared to address pertinent anatomical details including pelvic viscera, neurovasculature and ligaments. One member of the team was responsible for illustrating the anatomical details while another member recorded and edited the presentations.

Results

The authors have successfully recorded introductory materials from the male and female pelvis. This material focuses on orientation as well as major viscera and ligaments that can be found in the male and female pelvic cavities. Additional materials will be recorded for the neurovasculature and muscles of the male and female pelvic cavities. The goal is to edit the various recordings into one video that captures the content in an engaging and informative manner.

Discussion

With these new anatomical teaching videos, the authors anticipate that students will be able to work through the material more independently and efficiently. Although these videos have numerous potential benefits for many learners, there is a tremendous amount of work needed to develop one video and as such, a great deal of time, effort and faculty/student involvement will be necessary for continued success.

IRB Determination: N/A.

Disclosures: 2023 UVM Teaching Academy curriculum development grant.

14. Preparing for Boards and Beyond: Focused Anatomy Workshops

Authors: Ian Minearo, Abigail Hielscher, Anna Ricci
Category: Research

Background
At UVM Larner College of Medicine, medical students do not receive additional formal anatomical instruction after their first five-month course upon matriculation. A foundational understanding of anatomy is critical for understanding healthy and disease states; however, there is evidence showing a major decline in medical students' retention of foundational knowledge during their medical education. Thus, the goal of this study is to provide medical students with a resource to regularly review high-yield anatomical content to improve retention in preparation for Step 1.

Methods
In-person sessions were constructed throughout the preclinical education period with consideration of the current material students were learning. Students were provided a pre- and post-test to assess content knowledge before and after the workshop in addition to post-session surveys using a Likert scale to assess student satisfaction. Results were analyzed with GraphPad Prism v 9.0 using a paired t-test.

Results
Results for 25 students were analyzed based on data from two sessions. Session one, which reviewed the brachial plexus, had a pre-test average of 78.1 and post-test average of 81.6 (p=0.3). Session two, which reviewed the musculoskeletal system, had pre-test average of 70.0 and post-test average of 75.9 (p=0.58). The standard deviation was high for the post-test likely contributing to the lack of statistical differences. Survey results showed high satisfaction in the sessions with an interest in attending future sessions (average of 91.6% said satisfied/ very satisfied; 100% would come to future sessions).

Conclusion
While the pre- and post-test scores were not significantly different, the data indicate the sessions supported a modest change in scores. Post-session surveys showed students found the sessions helpful and were highly interested in future sessions. While this reflects immediate benefit of the sessions, long-term benefit and usefulness for Step 1 preparation are still to be determined by continuing follow-up with medical students post-Step 1.

15. Assessing the impact on medical students of identifying and recognizing faculty exemplars of professionalism

Authors: Louisa Moore; Megala Loganathan; Nathalie Feldman, MD
Category: Research

Background

Role models play an integral role in shaping medical students' professional development. The influence of role models (both positive and negative) often manifests as part of the hidden curriculum (1). To increase awareness of the impact of positive role models, the Larner College of Medicine (LCOM) has implemented a professionalism recognition program through which students can identify faculty, staff, and peers who best exemplify the values of the profession. Prior qualitative analyses of accolade narratives have identified common themes; in addition, data has been collected on the impact on faculty recipients of professionalism accolades (2). In this study, we are interested in investigating students' feelings associated with submitting a professionalism accolade. We hypothesize that students will be positively impacted by engaging in the process of recognizing professionalism role models and that this action will in turn contribute to students' awareness and integration of the values of professionalism.

Description

The primary objective of this study is to determine the impact on students' feelings immediately following the submission of a professionalism accolade.

Methods

Three questions will be added to the end of the existing Learning Environment Reporting Form intended to gauge students' feelings after writing a professionalism accolade. Responses to these questions will be collected and analyzed.

Results

Data collection will begin soon, and initial results will be presented at the January meeting.

Discussion

Discussion is pending results. A future direction of this study includes assessing how students feel after reporting mistreatment or unprofessional behavior and comparing those results with those generated from this study.

Sources:
1) Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L., & Steinert, Y. (2014). Reframing medical education to support professional identity formation. Academic Medicine, 89(11), 1446-1451.
2) Belser, A., Griffin, S., Feldman, N., Holterman, L. A. (2019). Gratitude in Medical Education: Antidote to Burnout? Presented at the 2019 AAMC Learn Serve Lead Conference.

16. "Where does my feedback go?": Increasing transparency of how medical student-provided feedback is addressed

OAP FINALIST

Authors: Louisa Moore; Nathalie Feldman, MD
Category: Research

Background

Feedback given by medical students is an integral part of the continual development and improvement of our curriculum. However, the process of how student-given feedback is analyzed and acted upon is often unclear to students, which has multiple implications (e.g., poor-quality feedback). Additionally, with little published on how feedback transparency impacts student feedback quality, this project addresses an area of medical education that has not previously been studied in detail.

Description

The first objective of this project was to determine what happens with feedback submitted by Foundations and Clerkship level medical students at LCOM. The second was to compile this information into an easily accessible format to clarify how student feedback is used and to increase transparency around the review process.

Methods

For the Foundations level, information was gathered through conversation and email with the Director of Foundations and the Associate Dean for Faculty Affairs. For the Clerkship level, Clerkship directors were surveyed on the feedback process using Qualtrics. Data for the Foundations and Clerkship levels were then compiled into graphics.

Results

In the Foundations level, there is a standardized approach to the evaluation and integration of feedback in the Foundations level courses, including review by the Foundations Subcommittee and Medical Curriculum Committee (Fig. 1). In the Clerkship level, the process is department-specific and varies greatly between departments, particularly regarding the timing of feedback review and the distribution of faculty feedback (Table 1).

Discussion and Conclusions

Given the variability of feedback in the Clerkship level, standardization of this process across departments would allow for more consistent implementation of changes and delivery of faculty feedback.

Future directions include assessing student knowledge about the purpose and importance of providing quality feedback to faculty and ultimately evaluating whether greater transparency impacts the quality and validity of student evaluations.

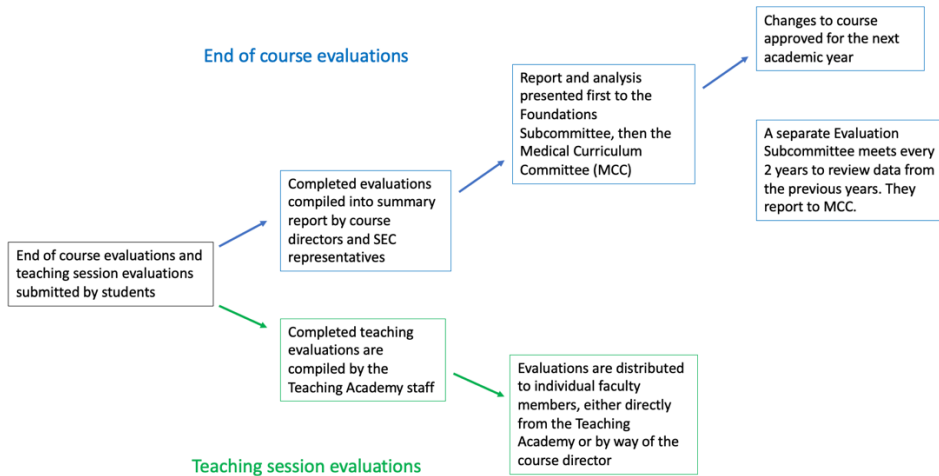# Poster Session Abstracts

Foundations Level Feedback

Fig 1. Flow chart demonstrating how end of course evaluations (in blue) and teaching session evaluations (in green) are compiled, analyzed, and acted upon in the Foundations Level.

Clerkship	When are evaluations reviewed?
Emergency Medicine	Annually for course, twice annually for faculty
Family Medicine	After each rotation for course After block 4 and 7 for faculty, with immediate review for concerning evaluations
Inpatient Internal Medicine	When available
Neurology	When available
OB/Gyn	When available
Outpatient Internal Medicine	Twice annually and as needed
Pediatrics	After every rotation and annually
Psychiatry	After every rotation
Surgery	Twice annually

Table 1. Responses from the clerkship director survey on the timing of evaluation review.

17. A Student-driven Model for Quality Assurance and Innovation in Medical Education

Authors: Chellie Nayar, Sam Afshari, Sarah Krumholz, Thuymy-Michelle Nguyen, Shruthi Santhanakrishnan, Trevor Watkins, Will Yakubik
Category: Innovations

Background

The Student Education Committee (SEC) is a student leadership group comprised of five elected students from each class at the Larner College of Medicine at the University of Vermont (LCOM). The committee acts as a liaison between the student body and faculty to provide a unified perspective on the student experience with the Vermont Integrated Curriculum (VIC) and brings pertinent educational issues to the attention of faculty and medical education leadership.

Innovation

The SEC is empowered to lead initiatives for consideration by the Medical Curriculum Committee (MCC) and subcommittees, that address areas for quality improvement to enhance the curriculum. The SEC at LCOM provides a model for a student-led leadership group to advocate for student educational interests throughout the undergraduate medical school curriculum to optimize student learning.

Methods

Members of the SEC are divided into five teams. Each team is assigned to a different foundations course and tasked with communicating with the course director throughout the course and reviewing end-of-course evaluations to identify areas for improvement. Students from the SEC also serve as voting members on each MCC subcommittee.

Results

The SEC makes an impact on the medical curriculum by its direct involvement in foundations courses and by student-led projects that enhance the preclinical and clinical experience. For example, SEC involvement in the Medical Neuroscience course allowed for the course director to gain student feedback in real-time, adjust goals from previous years, and implement necessary changes, resulting in an increase in the assessment of the course.

Discussion/Conclusions

The SEC has had a positive impact on medical curriculum at LCOM, especially during the preclinical years. Future direction includes increasing involvement within the clerkship and fourth year curriculum and continuing to participate at regional and national conferences.

Previous Dissemination: Presented at the 2023 AAMC Learn Serve Lead Conference

18. Sorting Games in Graduate and Undergraduate Medical Education

Authors: Zoe Nicozisin; John Wax, MD
Category: Innovations

Background

Game-based learning in medical education can enhance learner collaboration, engagement, and analytic and clinical decision-making capacity (Xu et al., 2023). Despite benefits, this educational strategy may be underutilized.

Description

We present a collection of original, collaborative sorting games that have been used over the last year in palliative care fellowship education and the Professionalism, Communication & Reflection course at LCOM. These include value assignment, ordinal sorting, and trinomial sorting games. One example was implemented with palliative care fellows during a regional retreat. Participants divided into groups and were asked to sort 'patients' based on consult priority. Each 'patient' was represented by a brief vignette and a 'reason for consult' provided on a card. The game started with each group ordinally sorting three vignettes. They would then draw a new card and incorporate it into their established triage list (simulating the experience of receiving additional consult-requests over the course of the day). Next, they matched or "deploy" a limited number of interdisciplinary team members to address the most urgent consults. Groups compared their sorting decisions, and this led to conversations about resource management tradeoffs, triaging strategies, and specific skills of interdisciplinary team members.

Methods

Current and prior palliative care fellows were surveyed regarding advantages and disadvantages of sorting games in GME curriculum and rate their level of engagement compared to traditional didactics.

Results

All surveyed fellows (n=4) reported that their level of engagement is much higher with sorting games than didactic material. Common themes regarding advantages to sorting games include interactivity, high level of engagement, opportunity for collaboration, and ability of the facilitator to effectively assess and address knowledge gaps. Weaknesses include that it requires pre-reading or other preparatory

material to be effective, learning objectives must be sufficiently narrow, and some participants may experience performance anxiety when participation is expected.

Xu M, Luo Y, Zhang Y, Xia R, Qian H, Zou X. Game-based learning in medical education. Front Public Health. 2023;11:1113682.

19. Trauma-Informed Care as a Universal Precaution: An Educational Intervention for Pre-Clinical Medical Students

Authors: Becca Rawlings, Hannah Vigne, MD
Category: Quality Improvement

Background
Traumatic experiences are highly pervasive across all ages. Trauma can be any event or set of circumstances that is emotionally harmful, physically harmful, or life threatening to an individual. The negative health impacts of trauma, particularly adverse childhood events (ACEs), are well-researched and widely taught. The high prevalence of trauma has led to the adoption of trauma-informed care (TIC) in many healthcare settings. Despite its improvements in patient care and provider satisfaction, few medical schools or residencies regularly teach trainees how to practice TIC.

Methods
We developed an educational session on TIC as a universal precaution for third-year medical students prior to clinical rotations. The session was taught by a clinical psychologist with expertise in TIC. It involved both lecture and active learning. A pre- and post-course survey utilizing a 5-point Likert Scale was distributed to gauge student comfort in 6 domains: defining basic principles of TIC, recognizing common stress reactions and symptoms, collecting pertinent history without asking re-traumatizing questions, responding to trauma disclosures, and with TIC patient interaction overall. Students were given the option to provide open-ended feedback in the post-course survey.

Results
Pre-course data demonstrated students were relatively comfortable with defining basic principles of TIC and recognizing common stress reactions and symptoms. Post-course data revealed an increase in comfort level across all domains, with the greatest increase in comfort with TIC patient interaction overall. In open-ended feedback, many students noted the course was beneficial for their education and a majority requested more practice cases with specific examples of trauma-informed responses.

Discussion and Future Direction
The survey data encourages continued TIC education and guides course improvement. In future sessions, we plan to shift focus away from areas in which students were initially comfortable and instead prioritize practice cases with specific examples of trauma-informed responses.

OAP FINALIST

20. Finding Affinity and Mentorship: Development of an Interprofessional Mentorship Program for BIPOC Health Professions Students

Authors: Anisha Rimal, MD; Mialovena Exume MS4, Miller Celestin RN, Thomas Delaney PhD, Molly Rideout MD
Category: Innovations

Background
An important strategy to address health inequities is to establish a more diverse healthcare workforce; programs that seek to retain and support healthcare trainees and faculty from underrepresented in medicine (UIM) groups are critical. At our institution, there is no mentorship program that offers racially concordant mentorship for BIPOC medical or nursing students.

Objectives
To develop a mentorship program that promotes a sense of belonging for BIPOC medical and nursing students and improves mentorship skills for BIPOC mentors.

Instructional Methods
In the Finding Affinity and Mentorship Program, participants are divided into clusters, each one with senior students and faculty from medicine and nursing as mentors plus first year medical and fourth year nursing students as mentees. Each cluster meets monthly to discuss topics including culture shock in predominantly white institutions, navigating academia as a person of color, and building professional identity. Quarterly large group events involve BIPOC community-building infrastructure existing outside of the medical center. The program also offers workshops and other professional development opportunities for mentors.

Educational Outcomes
On baseline surveys with the Sense of Belonging Scale, BIPOC medical and nursing students had significantly lower ratings than white students for almost every question, demonstrating an objective need for the program. Preliminary qualitative data from the 55 participants demonstrated positive themes, including an "increased sense of connection and joy". Data collection is ongoing, including follow-up Sense of Belonging Scales for first-year students plus Mentoring Competency Assessment Tools for mentors. Formal qualitative data will also be obtained from semi-structured interviews at the end of the year-long program.

Discussion
The F.A.M. program is an innovative mentorship program using an interprofessional cluster mentorship model for BIPOC health professions mentors and mentees. This framework could be applied for use at other institutions and will be particularly helpful at other rural predominantly white institutions.

21. Suicide Screening and Intervention Workshop for Residents

Authors: Sara Roberts, MD; Mark Margolis, PhD; Thomas Delaney, PhD
Category: Innovations

Background
Vermont's rate of death by suicide is higher than the national average and trending up. Every year, about 120 Vermonters – 2 per week – die by suicide, mostly men, according to the VT State Health Department. About half of people who die by suicide and 75% of older men who die by suicide saw their PCP in the 30 days before their death per the National Violent Death Reporting System, suggesting that the PCP office is an important site for suicide prevention.

Description
The goal of this project was to teach evidence-based tools to screen for suicidal ideation, risk stratify patients experiencing suicidality, and intervene appropriately to internal medicine residents in an educational workshop that included interactive, and role play elements and opportunity for open discussion with featured guest crisis clinician specialist.

Methods
The workshop was a 2-hour session repeated 5 times to educate all groups of internal medicine residents on their clinic weeks. Residents were taught to utilize a pocket card of the outpatient portion of the UVMMC Network Suicide Care Pathway and taught to access the Columbia Suicide Severity Rating Scale and Stanley Brown Safety Plan in Epic and used small group discussion, review of videos of the tools enacted by seasoned mental health clinicians, and role play of challenging conversation and experience a crisis call with Howard Center First Call. Pre and post surveys completed by resident learners are being analyzed. Epic data will also be analyzed.

Results
If Epic data shows us that this intervention increases use of the suicide prevention tools, this workshop may serve as a model for education across the network, where a larger scale project to create a suicide care pathway is underway.

22. Implementing the American Academy of Neurology (AAN) Anti-Racism Education Program into the Neurology Residency Curriculum

Authors: Alissa Thomas
Category: Innovations

Background

The AAN online modular curriculum, "The AAN Anti-Racism Education Program" has a primary objective of recognizing anti-racism as a professional competency for neurologists. In alignment with our program and departmental mission to become advocates for eliminating bias and discrimination in patient care, education, and research, we implemented this curriculum as part of our residency academic half-days throughout the year.

Description

Sixteen neurology residency programs piloted this curriculum in the 2022-2023 academic year. The curriculum consists of four online modules on topics of race and identity, history of racism in neurology, patient care stories, and institutional structures contributing to racism.

Methods

Resident and faculty program leads met monthly with the AAN Anti-Racism Curriculum Chair and completed facilitator training. Protected time was built into each resident's schedule to complete the modules, and quarterly discussion sessions were built into the Academic Half Day curriculum. IRB approval was obtained at UVM to survey all resident and faculty participants about their experience with the curriculum, including questions about implementation structure, impact of the curriculum, and educational objectives.

Results

Qualitative feedback from our residents included positive comments about the experience and support for dedicating educational time for this curriculum annually. Residents reflected that this curriculum helped them to find language to talk about racist experiences in the hospital and to better support each other. The curriculum inspired conversation about new initiatives in our program. Among the 16 residency programs, 58 participants responded to the survey and 91% believed that residency programs should include education about racism, with 84.5% recommending the AAN Anti-Racism program for other residencies.

Discussion

Implementing the AAN Anti-Racism Education modules into our curriculum was feasible and enriched discussion about diversity and inclusion in our program. Future iterations of this curriculum will focus on increased resident-led facilitation and development of inclusive practice models for our program.

Previous dissemination: A version of this abstract with focus on the national survey and multi-program implementation has been submitted for consideration for the American Academy of Neurology Annual Meeting, which will take place in April 2024.

Disclosures: The authors have no disclosures relevant to this topic. Dr. Thomas has received compensation for consulting for Roon and is the local principal investigator for industry-sponsored studies by Novocure and ONO Pharmaceuticals.

23. Discrimination-Based Trauma as a Risk Factor for Burnout Among Women Trainees in Medicine

Authors: Vall Vinaithirthan,
Category: Research

Background
Physician burnout starts early in training, disproportionately impacts women and those URM, and is detrimental personally and professionally.[1,2] Physician burnout has grown across the nation, with trainees, females, and those from marginalized backgrounds being hit the hardest.

Description
Our purpose is to describe the current prevalence of and risk factors for burnout amongst female physician trainees across multiple institutions and specialties.

Methods
In September 2022, a baseline survey was administered to 1,017 female trainees, who volunteered to participate in a professional coaching program[2], across 26 GME programs. The survey included demographics, the Trauma Symptoms of Discrimination Scale (TSDS),[4] and the Maslach Burnout Inventory (MBI). The TSDS is a 21-item self-report screen for trauma symptoms due to past discriminatory events and includes questions about current symptoms including avoidance, negative cognitions, social fears, and future worries.[4] Burnout was defined as scoring ≥ 27 for emotional exhaustion (EE) and/or ≥ 10 for depersonalization (DP) on the MBI.

Results
All 1,017 trainees responded to the survey. The mean age was 31 years, 88% identified as heterosexual, 59.9% identified as White. Most (81%) were non-surgical trainees, and 20.7%, 19.8%, and 59.5% were PGY-1, PGY-2, and PGY-3 or beyond, respectively. Overall, 66.0% had high EE, and 61.3% had high DP. DP was more often present in higher PGYs. Higher scores on the TSDS were associated with higher odds of burnout, high EE (OR 1.26 for 10 units of change, 95% CI 1.11-1.43, $p<0.001$), and high DP (OR 1.12 for 10 units of change, 95% CI 1.00-1.26, $p=0.058$).

Discussion
Results from this large, multi-institutional cohort show ongoing and progressive burnout prevalence throughout medical training. This study suggests that trauma from previous outside-of-work discrimination experiences increase burnout risk. In addition to a GME-wide national wellbeing effort focused on system-level drivers, initiatives to help those who have suffered trauma from discrimination may be useful.

Previous dissemination Abstract at SGIM 2023