

**24th Annual Meeting of The Generalists in Medical Education
November 6-7, 2004**

Preliminary Program – 11 Oct 2004

Friday, November 5, 2004

6:00 pm- 8:00 pm Registration *{Pre-Assembly Area}*

Saturday, November 6, 2004

7:30 am – 5:00 pm Registration *{Pre-Assembly Area}*

7:30 am – 8:30 am Continental Breakfast *{Belvidere}*

8:00 am – 8:30 am Welcome and Overview *{Belvidere}*

8:45 am – 10:45 am Concurrent Sessions

Teaching Clinical Skills (5 presentations) -- *Descriptive {Maverick A}*

The New Millennials and Professionalism: Developmental Issues in 21st Century Medical Students -- *Problem Solving {Maverick B}*

Peer Mentoring and Review: A Partnership Collaborative for Reflective Practice -- *Skills Acquisition {Copley}*

Effective Management of Examinations through the Use of Microsoft Word and Excel -- *Skills Acquisition {Westminster}*

11:00 am – 12:00pm **Renewal -- Keynote Address by Charles J. Hatem, MD**, Mt. Auburn Hospital,
Harvard Medical School -- *{Belvidere}*

12:00 pm -12:45 pm Lunch *{Belvidere}*

1:00 pm – 3:00 pm Concurrent Sessions

M. D. Program Curricula (5 presentations) -- *Descriptive {Maverick A}*

The Role of Mindfulness in Seizing Pivotal Moments in the Teacher-Learner Relationship --
Skills Acquisition {Maverick B}

Addressing the Educational Needs of Program Directors: Designing an Institutional Response
-- *Problem Solving {Copley}*

Creating a Rich Learning and Teaching Environment for Junior Medical Students Using a High Fidelity Human Patient Simulator -- *Skills Acquisition {Westminster}*

3:00 pm – 3:15 pm Break

3:15 pm – 5:15 pm Concurrent Sessions

Evaluation and Feedback (4 presentations) -- *Descriptive {Maverick A}*

The Role of Academic Support in the Selection and Retention of Medical Students -- *Problem Solving {Maverick B}*

Does the Recognition of Faculty have to Be a Win/Lose Proposition? -- *Skills Acquisition {Copley}*

How to Teach Faculty to Give Feedback Effectively -- *Skills Acquisition {Westminster}*

6:00pm – 7:30 pm Reception

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Sunday, November 7, 2004

7:15 am – 9:00 am Registration

7:15 am – 8:15 am *Breakfast Roundtables {Belvidere}*

Table 1 **Teaching Physicians to Lead: The Role of the Medical Educator**

Table 2 **Preparing Physicians to Manage Workplace Interactions**

Table 3 **Defining and Evaluating Clinical Reasoning Skills**

Table 4 **Blackboard, WebCT and Other Online Curriculum Management Software – Tips for the Technology Journey**

Table 5 **The Customer is Always Right! Adjusting Technology Training to Math Faculty's Needs**

Table 6 **The Health Policy Project: Seven Years Experience at Case School of Medicine**

Table 7 **Using Existing Evaluation Data in a Shifting Educational Paradigm: Our Experience with Measuring the Effectiveness of Early Clinical Exposure During the First 2 Years of Medical Education**

Table 8 **Beyond "Medical Expert": Assessing Other Core Competencies Using Oral Examinations**

Table 9 **Designing Cultural Competence Training for Medical Faculty**

Table 10 **The Future of The Generalists in Medical Education**

8:15 am – 8:45 am Business Meeting and Elections *{Belvidere}*

9:00 am – 10:20 am – Concurrent Sessions

Residency and Fellowship (3 presentations) --*Descriptive {Maverick A}*

Accreditation and the Curriculum Committee: New Roles and New Responsibilities -- *Panel Discussion {Maverick B}*

Lessons in Developing an Effective Social and Behavioral Sciences Curriculum -- *Panel Discussion {Copley}*

Medical School Participation in School Based Health Clinics: A Model for System-Based Practice Learning -- *Problem Solving {Westminster}*

10:20 am – 10:30 am Break

10:30 am – 12:30 pm Concurrent Sessions

Medical Student Characteristics (5 presentations) -- *Descriptive {Maverick A}*

How Can We Protect the Educational Process While Supporting Faculty in Educational Research? -- *Problem Solving {Maverick B}*

Measuring Medical Education Outcomes: Real Strategies for Real Programs -- *Skill Acquisition {Copley}*:

A Closer Look at the Use of Role Plays for Faculty Development -- *Problem Solving {Westminster}*

12:30 pm Adjournment

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Saturday 8:45-10:45am (Maverick A)– Descriptive – Teaching Clinical Skills

Developing and Implementing Human Patient Simulation Curriculum for Junior Medical Students.

Valeriy V. Kozmenko, MD (vkozme@lsuhsc.edu); Kraig S. DeLanzac, MD; Sheila W. Chauvin, PhD; Tong Yang, MD, MS; Richard DiCarlo, MD; Charles W. Hilton, MD; Louisiana State University Health Sciences Center.

The LSUHSC has developed and implemented the first in the United States scenario based core simulation curriculum for undergraduate medical students using high fidelity Human Patient Simulator. This session will describe the Simulation Lab and core curriculum, and the evaluation results.

Evaluation of Early Teaching of Clinical Skills to Pre-Clinical Medical Students – Self-Efficacy and Practice

Daryl P. Lofaso, MEd (dlofas@lsuhsc.edu); Peter DeBlieux, MD; Sheila W. Chauvin, PhD; Tong Yang, MD; Richard DiCarlo, MD; Charles Hilton, MD; Louisiana State University Health Sciences Center.

The LSU School of Medicine created and implemented a state-of-the-art Clinical Skills Lab (LSU-CSL) in the Fall 2001. This session will describe some of the early results comparing perceptions of the first cohort of students completing the CSL to the last cohort of students who did not have the CSL in their curriculum.

Using Children as Standardized Patients to Teach Pediatric Communication Skills.

Gregg Talente MD, MS (talenteg@mail.ecu.edu); Patrick Merricks; Heidi Lane; Maria Clay PhD; Brody School of Medicine at East Carolina University.

This project describes a feasible process for training children to act as standardized patients for the purpose of teaching clinical skills unique to pediatric interviewing. This process was used to train children for an educational session for students that was felt to be realistic and helpful by all participants.

An Immersion in Problem-Based Learning to Teach Clinical Reasoning Skills as a CAPSTONE to Preclinical Studies.

Cynthia H. Ledford, MD (ledford.5@osu.edu); Catherine Lucey, MD; David Bahner, MD; Sorabh Khandelwal, MD; Charles Hitchcock, MD; The Ohio State University College of Medicine.

Through our CAPSTONE course, we successfully implemented a new curriculum to explicitly model and develop clinical reasoning skills through a structured problem-based learning format. We measured the success of this curricular innovation by student attendance and participation, student survey, and student performance.

Using Cognitive Apprenticeship to Help Students Develop Proficiency in Problem Solving and Clinical Reasoning Skills.

Hettie Till (htill@cmcc.ca), Canadian Memorial Chiropractic College

Describing a model of cognitive apprenticeship used to help our undergraduate students develop better problem solving and clinical reasoning skills. In this process they learn to integrate large amounts of knowledge, often taught in separate courses spread over a number of years, and applying this knowledge to solving patient problems.

Saturday 8:45-10:45am (Maverick B)

The New Millennials and Professionalism: Developmental Issues in 21st Century Medical Students.

Carol Elam, EdD (clelam1@uky.edu), University of Kentucky College of Medicine; Ann Flipse, MD, University of Miami School of Medicine; Terry Stratton, PhD, University of Kentucky College of Medicine

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Undergraduate colleges and universities leaders argue that students currently coming to their campuses are have different attitudes, priorities, and learning styles than students from previous decades. This session will address the characteristics of "new millennial students" who are populating our medical schools and discuss how our faculty and staff should prepare to teach and work with them.

Saturday 8:45-10:45 (Copley)

Peer Mentoring and Review: A Partnering Collaborative for Reflective Practice.

Stephen Pierrel, PhD; Anne Gill, MS, RN; Baylor College of Medicine (gill@bcm.tmc.edu).

As educators we assume the responsibility for maximizing each educational encounter in the service of our teaching objectives. Recent literature promotes a reflective practice model to improve the content, format and teaching of our educational product. Peers can provide valuable input, both confirmatory and formative, on any area of interest.

Saturday 8:45-10:45 (Westminster)

Effective management of examinations through the use of Microsoft Word and Excel.

Lawson, Douglas M., DC, MSc (dmlawson@ucalgary.ca), University of Calgary; Lawson, Maria A., Canadian Chiropractic Examining Board.

The use of Microsoft Excel and Word to manage examinations is provided as an option to expensive examination management software because of the low cost, ease of item selection, examination generation, analysis, item performance update, and the shallow learning curve. Participants are encouraged to bring their laptops.

Saturday 11:15am – 12pm (Belvidere)

Renewal -- Keynote Address by Charles J. Hatem, MD

How can each of us renew our spirit in the midst of increasingly busy and stressful professional lives? How can we examine the balance between our personal and professional lives, and re-calibrate as needed?

The theme of this year's meeting of The Generalists in Medical Education is "Celebrating 25 Years" – in anticipation of next year's 25th meeting. During the coming year, the group's leadership will be examining its mission, history, contributions, where we are now, and what we need to do to thrive – not just survive.

This year's Keynote Address mirrors that project at the level of the individual medical educator. Dr. Hatem discusses professional renewal – how each of us can and must reflect on our work and personal lives, and determine what we need to do to thrive – not just survive.

Dr. Hatem has demonstrated a strong commitment to others in a career as a primary care internist, a teacher, and a faculty developer. He wears many hats – among them: Professor of Internal Medicine at Harvard Medical School, Director of Faculty Programs in Medical Education at the Shapiro Institute for Education and Research, Director of Medical Education at Mount Auburn Hospital, and Director of the Rabkin Fellowships in Medical Education. He has done pioneering work in medical education over the past 35 years, from the undergraduate through the CME levels. His commitment, enthusiasm, and excellence in teaching have resulted in a number of awards including Harvard Medical School's Excellence in Clinical Teaching award, the Senior Residents' Teaching Award, and the Leo A. Blacklow Award. In 1998, the HMS Class of 1998 awarded him its first NBI Healthcare Foundation Humanism in Medicine Award. Obviously, this just scratches the surface of his distinguished career.

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Saturday 12-12:45pm (Belvidere) – Lunch

Saturday 1-3pm (Maverick A) – Descriptive – M.D. Program Curricula

A Meta-Analytic Determination of the Effectiveness of Medical School Programs to Influence Student Primary Care Choice.

Joseph W. York, PhD (jyork@uic.edu); University of Illinois College of Medicine.

A meta-analysis was performed to estimate how effective reported medical school interventions are in influencing medical students to select primary care residencies. Findings demonstrate the relative effectiveness of certain interventions as well as conditions that increase the effectiveness of these interventions. Finally, results allow quantification of the impact of different strategies.

The Role of Community Elders in Instruction of Medical Students About the Aging Process.

Bill Weaver, PhD (bweaver@uab.edu); Richard Sims, MD; Stanford Massie, MD; and John Caldwell, PhD; University of Alabama School of Medicine.

As a medical student learning experience about the challenges of the aging process, nothing compares with first-hand experience of meeting with elderly individuals who, though not hospitalized, still have medical issues that will be important to their life as a patient and the physician's life as a health care provider.

A Commitment to Quality Clerkships Through Internal Review.

Sandra Oliver, PhD (skoliver@swmail.sw.org); J. Ben Green, MD; Texas A&M Health Science Center College of Medicine.

Quality education requires quality evaluation. The Office of Medical Education and the clinical clerkships at the Texas A&M University System Health Science Center College of Medicine have collaborated to develop a pilot project for internal review of the core third year clerkship. The process and results will be discussed.

Implementation of Lifelong Learning across the Curriculum at the Indiana University School of Medicine.

Frances A. Brahma, MA, MLS (fbrahmi@iupui.edu); Paula S. Wales; Indiana University School of Medicine. The Indiana University School of Medicine implemented a competency-based curriculum in 1999. It is based on nine competencies, one of which is Lifelong Learning (LLL). This paper delineates LLL's implementation and assessment. Our goal is to continue to enhance the competency-based curriculum and to become a center for educational excellence.

Student Evaluation of Effectiveness of PBL and Team Learning Small Group Models

George Nowacek, PhD (gnowacek@wfubmc.edu); Barbara Gorney, PhD; Kenneth O'Rourke, MD; K. Patrick Ober, MD; Ann Lambros, PhD; Wake Forest University

Team learning (TL) has become an alternative small group learning model that addresses challenges of problem-based learning (PBL) while maintaining many of the benefits. In this study, student ratings of effectiveness of six outcomes and increased confidence in four areas were compared across three small group instructional models: two-tutor PBL, one-tutor PBL and TL.

Saturday 1-3pm (Maverick B)

The Role of Mindfulness in Seizing Pivotal Moments in the Teacher-Learner Relationship.

Richard G. Tiberius, PhD (rtiberius@med.miami.edu); Miguel A. Paniagua, MD; University of Miami School of Medicine.

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Recently medical educators, drawing upon work from psychotherapy, have identified "pivotal moments" that occur spontaneously in the teacher-learner relationship and can dramatically restructure that relationship. Participants will explore the role of "pivotal moments" in their own teacher-learner relationships and will engage in exercises to foster spontaneity, mindfulness, and attention control.

Saturday 1-3pm (Copley)

Addressing the Educational Needs of Program Directors: Designing an Institutional Response.

Allison R. Ownby, PhD (Allison.r.ownby@uth.tmc.edu); Linda Perkowski, PhD; The University of Minnesota School of Medicine; Judy L. Paukert, PhD; The Methodist Hospital, Houston; Jacqueline E. Levesque, AEd; Baylor College of Medicine.

Individual residency programs are struggling with the implementation of the new ACGME educational requirements. How does an institution provide the educational assistance needed by the residency program directors to address these tasks? The goal of this problem-solving session is to explore strategies for institutional responses designed to assist program directors.

Saturday 1-3pm (Westminster)

Creating a Rich Learning and Teaching Environment for Junior Medical Students Using High Fidelity Human Patient Simulator.

Valeriy V. Kozmenko, MD (vkozme@lsuhsc.edu); Kraig S. DeLanzac, MD; Sheila W. Chauvin, PhD; Tong Yang, MD, MS; Richard DiCarlo, MD; Charles W. Hilton, MD; Louisiana State University Health Sciences Center.

Human patient simulation (HPS) is gaining substantial attention in medical education. In this session, participants will use principles of adult learning, videotaped vignettes, and hands-on learning with a simulator to identify specific strategies for designing and implementing learner-centered HPS sessions.

Saturday 3:15-5:15pm (Maverick A) Descriptive: Evaluation and Feedback

Transitioning from paper to electronic portfolios: effects on feedback and student/faculty perceptions.

Heather E. Harrell, MD (harrehe@medicine.ufl.edu); Sasha Grek, MD; University of Florida.

Previously, we demonstrated improved perceptions of feedback with the introduction of educational portfolios into a medicine clerkship. In transitioning to an electronic version, we randomized students to electronic vs. paper and tracked the effect on feedback. Students in the electronic group received less overall feedback and were significantly less satisfied with the portfolio.

Real-time Curriculum Evaluation Via the Internet.

Jerry H. Alexander, PhD (jalex@hsc.unt.edu); University of North Texas Health Science Center

Collecting and reporting evaluation data via the Internet is highly efficient. Formative evaluations can be obtained while the course is ongoing, and corrective action can be taken, when necessary. Additional post-course summative evaluations provide more detailed information for revising the course before its next offering. Collection forms can be easily customized for each course, and summary reports can be delivered immediately to the appropriate persons. With the Internet, features such as faculty pictures and color coding of results to indicate problem areas add value to the process.

Integrating Student, Professional Non-Peer, and Peer Evaluations of Faculty Teaching: Preliminary Results from a Pilot Program.

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Terry D. Stratton, PhD (tdstra00@uky.edu); Mary Jane Harrison, MAE; Brian R. MacPherson, PhD; Don M. Gash, PhD; C. Darrell Jennings, MD; University of Kentucky College of Medicine

In 2004, students, professional non-peers, and faculty peers evaluated the lecture quality of three instructors teaching in a first-year basic science course at the University of Kentucky College of Medicine. Inter-rater agreement - while generally acceptable among peers - was markedly less in the other two groups. Strategies to improve this process are discussed.

A Structural Equation Model of the Licensure Examinations for Chiropractors: A Three-factor Model.

Douglas M. Lawson, DC, MSc, (dmlawson@ucalgary.ca), University of Calgary.

Canadian chiropractic licensure data were analyzed to determine if clinical vignettes based on long-format extended-matching items were measuring a different ability or trait than five-option multiple-choice items. A three-factor structural equation model with strong goodness-of-fit indices provides some evidence that a fundamental factor termed academic ability strongly influences all other factors.

Saturday 3:15-5:15pm (Maverick B)

The Role of Academic Support in the Selection and Retention of Medical Students.

Norma S. Saks, EdD (saks@umdnj.edu); Robert Lebeau, EdD; Robert Wood Johnson Medical School.

Participants will discuss student cases to illustrate issues of academic difficulty and academic support at admission and arising in the basic science and clinical curriculum. We will analyze factors associated with the risk of academic difficulty and discuss the challenges of proactively providing academic support.

Saturday 3:15-5:15pm (Copley)

Does the Recognition of Faculty Have to be a Win/Lose Proposition?

Nancy S. Searle, EdD (nsearle@bcm.tmc.edu), Baylor College of Medicine; C. Darrell Jennings, MD,

University of Kentucky College of Medicine; Boyd F. Richards, PhD, Baylor College of Medicine.

Participants in this problem solving session will engage in a process of “collaborative critical reflection” to identify, challenge, and possibly change their assumptions about desired characteristics of programs to recognize educational efforts of faculty. Two programs with peer review and standards-based selection will be used to guide the problem-solving/reflection process.

Saturday 3:15-5:15pm (Westminster)

How to Teach Faculty To Give and Receive Feedback Effectively.

Win May, MD, PhD (winmay@usc.edu); Beverly P. Wood, MD; Keck School of Medicine at the University of Southern California.

Feedback is a powerful teaching tool when used appropriately during learning. In this session, faculty will conduct a personal feedback skills needs analysis, develop skills in providing effective feedback, and rate the quality of their feedback skills.

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Sunday 7:15-8:15am (Belvidere) Breakfast Roundtables

Table 1 - Teaching Physicians to Lead: The Role of the Medical Educator.

Nicole K. Roberts [degree?] (Nicole.roberts@carle.com); Carle Foundation Hospital. Physicians rarely leave residency with the skills necessary to lead a practice well. Nevertheless, physicians frequently find themselves in the position of having to do so. Educators can play a substantial role in assisting physicians develop as leaders. This roundtable will explore the role educators in teaching physicians to lead.

Table 2 - Preparing physicians to manage workplace interactions.

Ronald W. Brewer, PhD (rbrewer@uiuc.edu), Nicole K. Roberts [degree?]; University of Illinois College of Medicine at Urbana-Champaign. In order to ensure the productivity and appropriate function of various professionals within a medical environment, it is essential that the physician leader be aware of the interplay among them. This roundtable will focus on developing a model of the processes by which relationship impact productivity (or the lack thereof).

Table 3 - Defining and Evaluating Clinical Reasoning Skills.

Cynthia H. Ledford, MD (ledford.5@osu.edu); The Ohio State University College of Medicine. One of the great challenges of a medical school or residency curriculum is to create “thinking” physicians. This roundtable discussion will focus on defining clinical reasoning skills in terms of observable behaviors, identifying its critical elements, and brainstorming on how we can more systematically measure its acquisition during training.

Table 4 - Blackboard, WebCT and Other Online Curriculum Management Software – Tips for the Technology Journey.

Steven O. Evans, MA (Steven.Evans@uky.edu); University of Kentucky. Most medical schools are currently using an online course management system to create web-enhanced courses. This round table discussion would allow participants the opportunity to share general tips for using the software as well as creative ways they have integrated it into their courses.

Table 5 - The Customer is Always Right! Adjusting Technology Training to Match Faculty’s Needs.

Robert P. Fons, MSE (rpfons0@uky.edu); U. of Kentucky College of Medicine. The Technology Odyssey (TO) series for faculty has been an effective, yet evolving workshop series but agendas have always changed based on evaluations and software updates. Workshops center on various technologies: presentation strategies, digitizing images, editing digital video, and PDA use. Strategies for improving workshops will be discussed and shared.

Table 6 - The Health Policy Project: Seven year’s experience at Case School of Medicine.

Pamela B. Glover, MEd (pbg@cwru.edu); Jack H. Medalie, MD, MPH; James Quilty, MD; Christopher Rizzo, MD; Robert C. Cohn, MD; Case Western Reserve University School of Medicine. A student-developed research project has been the cornerstone for teaching health policy in the Primary Care Track. Its objectives and application over the years have yielded well-focused and articulately worded student projects. This session discuss ways that this template may be generalized to other institutions or curricular areas.

Table 7 - Using Existing Evaluation Data In a Shifting Educational Paradigm: Our Experience With Measuring the Effectiveness of Early Clinical Exposure During the First 2 Years of Medical Education.

Robert Shreve, EdD (rshreve@utmem.edu); Pamela Connor, PhD; Catherine Vick, MS; Victoria Murrell, PhD; Diane Gates, MPH; University of Tennessee Health Science Center. UTHSC is in the process of integrating problem based learning into all aspects of curricular content, with critical appraisal of all learning and teaching activities leading this evolution. One revelation has been in identifying current evaluation instruments whose designs have resulted in findings that cannot be translated in this paradigm

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shift. Rather than determine these outcomes equated to low or no educational value, we reviewed a longitudinal series of existing student evaluation data to obtain pertinent information for critical appraisal.

Table 8 - Beyond “Medical Expert”: Assessing Other Core Competencies Using Oral Examinations.

Curtis Lee, PhD (clee@rcpsc.edu); Jason R. Frank, MD; Royal College of Physicians and Surgeons of Canada. Oral examinations are effective tools for assessing certain medical competencies. Orals have received renewed interest as educators work to implement new standards such as the ACGME 6 Competencies, the AAMC MSOP, and the RCPSC CanMEDS Project. This session will help educators to explore the perspectives and potentials of the oral examination format in order to assess important clinical competencies beyond traditional core medical expertise.

Table 9 - Designing Cultural Competence Training for Medical Faculty.

Sandro Pinheiro de Oliveira, PhD (Pinheiro@med.unc.edu); Marco Aleman, MD; Dain Vines, MD; University of North Carolina at Chapel Hill. The Liaison Committee on Medical Education has set standards for including cultural competence training (CCT) in the medical school curriculum. While many cultural competence curricula for medical students exist, training for faculty is limited. Participants will explore strategies to develop, implement, and assess CCT programs for faculty.

Table 10 - The Future of The Generalists in Medical Education

Lou Grosso, MEd; American Board of Internal Medicine
Our annual discussion of the mission of The Generalists in Medical Education and how it can best be implemented in the future, led by the incoming Chair.

Sunday 9-10:20am (Maverick A) Descriptive: Residency and Fellowship

Outcomes of an Innovative Conference Series Designed to Build the Core Competencies of Family Medicine Residents.

Jeffrey A. Morzinski, PhD (jmorzins@mcw.edu); Medical College of Wisconsin
This session presents results of a collaborative curriculum that addressed the needs of four affiliated residency training programs in three competence areas: systems-based practice, practice-based learning, and professionalism. The yearlong CURE Conference Series was case-based, interactive, and resulted in positive outcomes on resident learning, performance and transfer of skills.

Collaborative Chief Resident Training: Form and Function in the Age of Work Hours and the General Competencies.

Joseph J. Brocato, PhD (jbrocato@med.wayne.edu), Southeast Michigan Center for Medical Education; Barbara Joyce, Ph.D., Henry Ford Health System.
A chief resident course was created on ACGME mandates and essential chief skills. Included were an overview of chief roles, leading healthcare teams, precepting skills, mentorship/feedback, scheduling skills, political issues, journal clubs, and financial management/contracts. 118 chiefs rated the course with high acceptability, with the course presented at lower cost.

A Study of Barriers and Facilitators to Fellows’ Implementation of Curriculum Development Projects.

Deborah Sleight, PhD (sleightd@msu.edu); Christopher Reznich, PhD; Michigan State University
While part-time academic medicine fellowship programs have reported success training new faculty, our study will shed further light on one aspect of fellows’ training of particular relevance in today’s medical education climate: factors that promote and factors that inhibit successful curricular innovation.

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Sunday 9-10:20am (Maverick B)

Accreditation and the Curriculum Committee: New Roles and New Responsibilities.

Ruth Greenberg, PhD (rgreenberg@louisville.edu), University of Louisville School of Medicine; Edward Buckley, MD, Duke University Medical School; Mary Coleman, MD, PhD, University of Louisville School of Medicine; Kathryn K. McMahan, PhD, Texas Tech University Health Sciences Center.

Recent changes in LCME accreditation standards related to responsibility for oversight and coordination of the educational program are impacting the roles and responsibilities of the medical school curriculum committee. This panel discussion will explore these new roles and responsibilities; panelists, all curriculum committee chairs, will discuss their accreditation experiences and strategies for successful change.

Sunday 9-10:20am (Copley)

Lessons in Developing an Effective Social and Behavioral Sciences Curriculum.

Doug Post, PhD (post-1@medctr.osu.edu); Linda Stone, MD; Doug Knutson, MD; Andy Hudson, PhD; Ohio State University.

In their 2004 report, the Institute of Medicine recommended that medical schools enhance social and behavioral sciences curricula. It is the purpose of this panel discussion to present a model of curriculum change and engage the audience in a discussion of the challenges and opportunities involved in behavioral science education.

Sunday 9-10:20am (Westminster)

Medical School Participation in School Based Health Clinics: a Model for System-Based Practice Learning.

Adina Kalet, MD, MPH (ak41@nyu.edu), New York University School of Medicine; Doris R. Pastore MD, Mount Sinai Medical Center; Linda Juszczak, DNSc, MPH, CPNP, Montefiore School Health Program, Bronx, NY; Karen Soren, MD, Children's Hospital of New York Presbyterian

School-Based Health Centers (SBHC's) are a model for learning about systems-based practice. Four New York State medical schools have developed curricula to prepare physicians to practice in SBHC's and are conducting a cross-institutional evaluation. Session participants will develop their own plan to utilize SBHC's to address the Systems-Based Practice Core Competency.

Sunday 10:30am – 12:30pm (Maverick A) – Descriptive – Medical Student Characteristics

The Intellectual Development of Entering Medical Students and an Investigations of Factors That May Mediate Their Ability to Think Critically.

Christine Taylor, PhD (ctaylor@mco.edu); Philip Conran, DVM, PhD; Medical College of Ohio

This paper examines intellectual development in medical students using Perry's model and investigates factors that may mediate students' ability to think critically. The findings suggest that two consecutive cohorts of students were more "dualistic" in their thinking than expected considering their achievement and poses theories to explain this phenomenon.

Personality as a Predictor of Clinical Success.

R. Stephen Manuel, PhD (rsmanuel@neoucom.edu); Nicole J. Borges, PhD; Thomas C. Atwood, MS, MA; Northeastern Ohio Universities College of Medicine

We investigated personality factors and performance in a medical interviewing course. 133 medical students completed the I6PF. Personality factors and medical interviewing course scores were analyzed using ANOVA which revealed differences on 3 of the 16 personality factors. Personality may play a role in medical interviewing skill development and performance.

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Student Perceptions of their Health and Learning Environment at Mercer University School of Medicine.

Mike U. Smith, PhD (smith_mu@mercer.edu); Rachel M. Brown, MD; Betsy E. Smith, MPH.; A. Peter Eveland, EdD; Mercer University School of Medicine

Mercer School of Medicine students (year 1, 2) completed the Medical School Learning Environment Survey and the SF-36 Health Survey to inform curricular revision. Students rated student-student interactions highly but not the remaining MSLES subscales. Physical /general health scores, but not other SF-36 subscale means, compared favorably with population norms.

Teaching Medical Professionalism.

Alan J. Smith, PhD (smith.alan@mayo.edu); Mayo Clinic College of Medicine.

Medical professionalism is under scrutiny by patients, government, medical associations, and specialty boards. The core values of professional behavior are well established, yet professionalism is seldom systematically addressed in the undergraduate curriculum. Consequently, our institution developed a longitudinal, multi-format, interdisciplinary professionalism curriculum. This session will highlight aspects of the curriculum.

Empowering Empathy Through the Medical Humanities

Sonia J. Crandall, PhD, MS (crandall@wfubmc.edu); Steve Davis, MA; Wake Forest University School of Medicine

There is growing evidence to suggest that exposure to medical humanities enhances emotional and behavioral empathy towards patients and fortifies the patient-physician relationship by improving communication. Presented are results of a pilot project exposing 2nd year medical students to the medical humanities as part of a required professional development course.

Sunday 10:30am – 12:30pm (Maverick B)

How Can We Protect the Educational Process While Supporting Faculty in Educational Research?

Karen Szauder, MD (kszauder@utmb.edu), University of Texas Medical Branch; Amy Blue, PhD, Medical University of South Carolina; Ann Frye, PhD, Stephanie Litwins, University of Texas Medical Branch

Educational research is fundamental to the advancement of medical education. Using medical students, or student data, for studies raises both practical and ethical concerns. This Problem Solving Session will use study protocols to engage participants in a discussion about issues relating to research that uses information from educational programs.

Sunday 10:30am – 12:30pm (Copley)

Measuring Med Ed Outcomes: Real Strategies for Real Programs

Jason R. Frank, MD (jrfrank@sympatico.ca), Royal College of Physicians and Surgeons of Canada

Evaluating the effectiveness of the med ed programs is a critical skill for all educators. The ACGME Outcomes Project is an example of an increasing trend towards requiring demonstration of program outcomes. This session will use exercises and resources to help educators acquire skills in designing evaluations of medical education programs.

Sunday 10:30am – 12:30pm (Westminster)

A Closer Look at the Use of Role Plays for Faculty Development.

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Dennis Baker, PhD (dennis.baker@med.fsu.edu) Florida State University College of Medicine; Ellen Whiting, MEd, Northeastern Ohio Universities College of Medicine

The session goal is to develop strategies for using role plays effectively in faculty development. Participants will benefit from a closer look at: 1) how role plays enhance learning, 2) composing scripts, 3) preparing participants for role plays, 4) conducting role plays, and 5) assessing outcomes of role plays.

Sunday 12:30pm Adjournment