Advancing Family Medicine to Improve Health
Through a Community of Teachers and Scholars

The Society of Teachers of Family Medicine

37th Annual STFM Conference on Medical Student Education

FINAL PROGRAM

January 20-23, 2011
Hyatt Regency Houston
Houston, Texas

WELCOME…

I am very excited to be the first to welcome you to the 37th STFM Conference on Medical Student Education. This year's conference will celebrate the old and the new. It will be our opportunity to renew acquaintances with old friends and collaborators, while also meeting new students, fellows, and junior faculty. It will be your opportunity to learn about well established educational programs and to hear about the newest educational research that is being done in our medical schools. It will also be your chance to revel in the new era of the Conference on Medical Student Education.

This is your week to showcase the ways that you are teaching our medical students to think. Family Medicine is a cognitive specialty that makes you well-suited to serve as role models, mentors, and as the primary educators in the cognitive processes of medical education. This week's conference will offer cutting-edge sessions on clinical reasoning, facilitated learning, and performance assessment; defining, measuring, and assessing professionalism; and, health care reform and how we engage our students in it! And speaking of our medical students, it's our privilege to have the Society of Student-Run Free Clinics meeting with us again this year. We welcome Chris Brown, SSRFC National Coordinator, and all of the student attendees who will be meeting at their conference within our conference on Saturday!

As always, the conference will offer opportunities to learn from friends and colleagues, and to make and re-establish friendships. On behalf of the conference steering committee, we look forward to sharing your enthusiasm, ideas and vision for the next decade at our meeting this week in Houston.

John Delzell, Jr., MD, MSPH
2011 Conference Chair

SPECIAL RECOGNITION

STFM extends a big "thank you" to this year's Conference Steering Committee for all of their hard work in coordinating and planning the 2011 conference:

John Delzell, MD, MSPH
Conference Chair
University of Kansas Medical Center

Christine Jerpbak, MD
Conference Cochair
Thomas Jefferson University

David Steele, PhD
Chair, STFM Education Committee
Texas Tech University

Joanne Williams, MD, MPH
STFM Education Committee
Emory University

CONFERENCE SCHEDULE

THURSDAY, JANUARY 20

7 am-7:30 pm **STFM Conference Registration**
Imperial Ballroom Foyer

7:30 am – 5:30 pm **Medical Student Educators Development Institute** (pre-registration required)
Cottonwood Room

6-6:30 pm **"Meeting Orientation"**
Arboretum III-IV Are you new to STFM, the Medical Student Education Conference, or just need a refresher on the conference? Please consider attending this 30-minute session that will provide you with a brief overview of the conference and the organization. This session also allows you to build on your network of medical student educators by introducing yourself to others at the orientation. After the orientation, we invite you to join your conference colleagues at the Welcoming Reception to be held from 6:30-7:30 pm.
Coordinators: Christine Jerpbak, MD, Conference Cochair and John Delzell Jr., MD, MSPH, Conference Chair

6:30-7:30 pm **Welcoming and Networking Reception**
Imperial Ballroom

FRIDAY, JANUARY 21

7 am-5:30 pm **Conference Registration & Computer Café**
Imperial Ballroom Foyer

7-8 am **Group on Medical Student Education Business Meeting** (breakfast provided)
Cottonwood Room

7-8 am **Continental Breakfast and Networking with Poster Presenters** (see pages 42-49)
Imperial West Ballroom

8:15-9:45 am **Conference Welcome with Announcements and Greetings**
Imperial Ballroom ***John Delzell, MD, MSPH, 2011 Conference Chair (and Moderator)***
David Steele, PhD, Chair, STFM Education Committee
Perry Dickinson, MD, STFM President

General Session I:
"Diagnostic Error In Medical Education: Where Wrongs Can Make Rights"
Kevin W. Eva, PhD, *University of British Columbia, Centre for Health Education Scholarship, Vancouver, British Columbia, Canada*

9:45-10:15 am **Refreshment Break and Poster Session**
Imperial West Ballroom

10:30 am-Noon **Concurrent Educational Sessions** (see pages 8-14)

12:10-1:20 pm **Networking Luncheon with Award and Scholarship Presentations**
Imperial Ballroom Moderator: ***Robert Hatch, MD, MPH, STFM Education Committee***

1:30-5:30 pm **Concurrent Educational Sessions** (see pages 14-26)

3-3:25 pm **Refreshment Break and Poster Session**
Imperial West Ballroom

7 pm **Dine-around Friday Night – Make New Friends Over Dinner**
(Each participant pays own; Groups will depart from the hotel lobby at 6:30pm.)

9 pm-Midnight **Dance Party with DJ** (SSRFC attendees, Families, Friends…all welcomed!)

Regency Room

SATURDAY, JANUARY 22

6-6:45am — **"Fun Run/Walk"** (*Sponsored by Baylor College of Medicine)*
(Group will depart from the hotel lobby.)

7 am-1:15 pm — **Conference Registration & Computer Café**
Imperial Ballroom Foyer

7-8 am — **Special Topic, Common Interest, and Group Breakfasts** (see pages 50-52)
Imperial Ballroom

8-8:15 am — **Transition Break**

8:15-9:15 am — **General Session II:**
Imperial Ballroom — **One Academic Medical Center's Commitment and Journey toward a Medical Home**
Catherine Florio Pipas, MD, *Dartmouth Medical School, Department of Community and Family Medicine*
Moderator: David Steele, PhD, Chair, STFM Education Committee

9 am-5 pm — **2011 Student-Run Free Clinic Conference: "*Student Run Clinics Across the Continuum of Care*"** (Pre-registration required; Additional fee applies.)
Regency Room

9:15-9:30 am — **Refreshment Break - Last Chance to Visit Posters**
Imperial West Ballroom

9:30 am-12:45 pm — **Concurrent Educational Sessions** (see pages 27-37)

11-11:15 am — **Transition Break**

12:45 pm — **Open Afternoon to explore Houston!**

SUNDAY, JANUARY 23

7:30-11am — **Conference Registration & Computer Café**
Imperial Ballroom Foyer

7:30-8 am — **Coffee & Muffin Service**
Imperial Ballroom Foyer

8-8:15 am — **Transition Break**

8:15-9:45 am — **Concurrent Educational Sessions** (see pages 38-41)

9:45-10 am — **Refreshment Break**
Imperial Ballroom Foyer

10-11am — **Closing General Session:**
Imperial Ballroom — **Health Care Reform: "The Triumph of Reason over Power?" *or* "What Will We Do With All the Students Interested in Family Medicine Now?"**
Jerry Kruse, MD, MSPH, *Southern Illinois University, Department of Family and Community Medicine, Springfield, Illinois*
Moderator: Christine Jerpbak, MD, Conference Cochair

11 am — **Conference Adjourns**

NEW FOR 2011: "Search Educational Sessions on Your Smart Phone"

It's very simple: go to www.stfm.org/mobile on your Smart Phone browser, and then search the conference's educational sessions by "Presenter" or "Keyword". This is another quick & convenient way to find presentations with date/time/room assignment to assist you with your conference planning!

General Information

Hotel Information: Hyatt Regency Houston
1200 Louisiana Street Houston, Texas, USA 77002
Phone: 713-654-1234 Fax: 713-951-0934

Car Rental: A full range of rental car options are available at Kayak: www.kayak.com

Ground Transportation: **Airport Shuttle:** For schedules & reservations,call 800-258-3826.
Taxi service: $47-48 each way from IAH or $23 each way from HOU.

Child Care Services: Contact the Hyatt Regency hotel concierge at Ext. "0" for a list of licensed services.

Continuing Medical Education: This activity has been reviewed and is acceptable for up to 23.25 Prescribed credits by the American Academy of Family Physicians. These credits include the pre-conference and optional conference educational sessions. Because some sessions run concurrently, no more than a total of 23.25 credits may be reported. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Want To Make A Difference In Someone Else's Life?

For the first time ever, the 2011 Conference on Medical Student Education wants to involve attendees in 'giving back' to the community. We hope to make it an annual event!

This year, the Houston Area Women's Center was chosen to give you an opportunity to make a difference in the lives of abused women by donating much needed items or making a financial contribution.

Houston Area Women's Center
Ending Domestic and Sexual Violence

For Center activities, visit:
www.hawc.org/site/c.olI0IfNYJwE/b.4430411/k.C1A3/Donation_Home_Page.htm
Click on their Urgent and Ongoing Needs link to see what items are desperately needed. Or, bring a check with you to the conference, made out to the Houston Area Women's Center. Gift Cards are another way to donate and an easy and convenient way to support the Houston Area Women's Center. Gift cards make it possible for them to purchase urgent and ongoing needs for their clients. Please consider donating gift cards so that they can continue providing these items to their clients. They accept gift cards for any amounts. The following is a list of gift cards that they can use to purchase the items: Wal-Mart, Target, or Visa.

Your gifts will help the women and their children while they are at the shelter, as well as when they gain more independence and transition into their own homes. Donations are accepted at the Conference Registration Desk.
Don't miss this chance to make a difference in someone's life. ***Thank you!***

"2011 Networking and Recognition Luncheon"

Friday, January 22 ~ 12:10-1:20 pm ~ Imperial Ballroom

~~~~~~

2011 Student Scholars

Abby Davids
Ohio State University

Nina Patel
Stanford University

Aaron Meyer
Saint Louis University

Ellen Perkins
Duke University of Medicine

For more information about the 2011 Scholars, please see their essays & statements at the STFM Conference Registration Desk.

This year's student scholars will participate in a special session immediately following the luncheon:
SS7: "2011 STFM Student Scholarship Winners: What Tomorrow's Leaders Are Doing Today"
~~~~~~

GENERAL SESSIONS

FRIDAY, JANUARY 21: 8:15–9:45 am

"Diagnostic Error In Medical Education: Where Wrongs Can Make Rights"
Kevin W. Eva, PhD, University of British Columbia

This presentation will examine diagnostic error from an educational perspective. Rather than addressing the question of how educators in the health professions can help learners avoid error, the literature reviewed leads to the conclusion that educators should be working to induce error in learners, leading them to short term pain for long term gain. A variety of literatures are reviewed that suggest errors in performance are necessary pre-conditions for learning to occur such that an aversion to errors, while more comforting to the learner, is counter-productive. Similarly, research is reviewed that suggests strategies aimed at avoiding heuristic-driven diagnostic errors may successfully reduce those types of errors, but may do so at the expense of inducing errors of comprehensiveness. Taken together, the variety of studies reviewed suggests that diagnostic errors are often beneficial and that we as an educational community should strive to determine how to harness their pedagogical and diagnostic benefits rather than simply trying to eliminate mistakes.

Kevin W. Eva, PhD is Editor-in-Chief for the journal *Medical Education,* Associate Professor and Director of Educational Research and Development in the Department of Medicine at the University of British Columbia and Senior Scientist in the Centre for Health Education Scholarship, also at UBC. Dr. Eva received his PhD in Cognitive Psychology from McMaster University in 2001 prior to joining McMaster's Program for Educational Development where he served as a faculty member for 9 years. Since his graduate training his research interests have evolved to include the development, maintenance, and assessment of competence in health professionals, the selection of students, clinical reasoning strategies, and the role of self-regulation in professional practice. Recent awards for this work include an Innovator of Distinction Award from McMaster University, the Canadian Association for Medical Education's Junior Award for Distinguished Contributions to Medical Education, and the Association of Faculties of Medicine in Canada-GlaxoSmithKline Young Educators Award.

SATURDAY, JANUARY 22: 8:15–9:15 am

"One Academic Medical Center's Commitment and Journey Toward a Medical Home"
Catherine Florio Pipas, MD, Dartmouth Medical School, Department of Community and Family Medicine

The state of healthcare in our nation demands our attention and best efforts. As an academic medical center with a vision for the healthiest population possible, we leveraged the Patient-centered Medical Home Model with a strong Primary Care leadership collaborative to elevate Primary Care to a position of enhanced value for our patients, our learners, our teams, and our systems. We now have what we asked for with the establishment of the Regional Primary Care Center as a strategic initiative in 2008 serving over 300,000 patients, 90 medical students, 23 practices, 200 providers and 800 staff. But where does one begin such a journey and where does it end for such a complex transformation? This presentation will describe our Medical Home journey highlighting our metrics, our care model, and our proposal for financial alignment. I will describe critical roles, tools, processes and policies and display our results, focusing on both process outcomes and clinical outcomes. And lastly, I will challenge all of us to fully envision the optimal future state of the Medical Home that is both patient-centered and learner-centered.

Catherine Florio Pipas, MD, is Associate Professor and Vice Chair of the Department of Community and Family Medicine (CFM) at Dartmouth Medical School (DMS). She is the Assistant Dean of Medical Education and Medical Director of the Office of Community Based Education and Research, which supports over 300 community-based faculty. Dr. Pipas is the Director of the Dartmouth Hitchcock Regional Primary Care Center, a collaborative of 23 Primary Care Practices. She has been the principal investigator for three Predoctoral FM Training Grants; served as Clinical Section Chief; Predoctoral Director for CFM and board member of NH Board of Medicine, NH Academy of Family Physicians, Maine-Dartmouth Family Medicine Residency and NH Area Health Education Center. She chaired the Society of Teachers in Family Medicine (STFM) Predoctoral Education Conference in 2005, served on the STFM Education Committee and was a Founding Faculty and Steering Committee Member for the Predoctoral Director's Development Institute at STFM. In 2007 she received the Clinical Teacher of the Year award at DMS and was inducted to the National Arnold P. Gold Foundation Humanism in Medicine Honor Society in 2009. Dr. Pipas anticipates completing her MPH at The Dartmouth Institute in June 2011.

SUNDAY, JANUARY 23: 10–11 am

Health Care Reform: "The Triumph of Reason over Power?" ***or***
"What Will We Do With All the Students Interested in Family Medicine Now?"
Jerry Kruse, MD, MSPH, Southern Illinois University, Department of Family & Community Medicine

The U.S. spends far more on healthcare, its health outcomes are poorer, and access to care is much worse than other industrialized nations. The gap in these measures has widened significantly since 2000, while there has been a concomitant dramatic decline in student interest in careers in Family Medicine. Legislators, regulators and leaders of industry now recognize the importance of a renaissance in Family Medicine to reverse these trends. The concept of the Patient-Centered Medical Home has become the centerpiece for healthcare reform legislation. However, academic institutions, insurers and the public have been slow in support, thus placing our healthcare system and the nation's financial structure in peril. Historic healthcare reform legislation was passed in 2010, but the work of appropriation, enabling legislation and implementation has just begun. With both a serious and light-hearted touch, we will explore interprofessional barriers to education and effective healthcare reform, and the opportunities that current reform initiatives provide for Family Medicine educators.

Jerry Kruse, MD, MSPH is professor & chair at the Department of Family & Community Medicine at Southern Illinois University School of Medicine. Dr. Kruse is also a student of the interactions of biology and society. He has pioneered cooperative relationships between osteopathic and allopathic institutions and interprofessional systems of care. He has a special interest in cross-cultural and population health to inform effective policies and improve health care systems. His career has been dedicated to the education of medical students and resident physicians and to advocacy for academic family medicine. For 12 years he directed the SIU Quincy Family Practice program, and has chaired the SIU Department of Family & Community Medicine since 1997. As ten year chair of the School's curriculum committee, he oversaw the institution of a new curriculum for SIU. Dr. Kruse has chaired both the ADFM and STFM Legislative Affairs Committees, and now convenes the Academic Family Medicine Advocacy Committee. He is a member of the Illinois State Board of Health and the Council on Graduate Medical Education, an advisory committee to the Secretary of HHS and to Senate and House health committees. He has testified before the House Appropriations Committee on behalf of academic family medicine. Born in rural Missouri, he completed the Family Practice residency, the MSPH program, and the Robert Wood Johnson Fellowship in Academic Family Medicine at the University of Missouri at Columbia.

CONCURRENT EDUCATIONAL SESSIONS

SESSION FORMATS:

The conference offers a variety of session formats to satisfy differing needs. Here is a brief overview of the sessions available for your participation:

Workshops
These 2-hour task-oriented, small-group educational sessions offer participants an increased understanding of and/or skills in teaching or clinical applications.

Seminars
90-minutes of didactic presentation and audience discussion are involved in the exploration of ideas or information in these sessions.

Symposia
These 90-minute sessions provide diverse perspectives and approaches to educational subjects or issues requiring collaborative work and presentation from multiple institutions or departments. These sessions provide a forum for extended discussion. A moderator organizes a brief presentation (self or panel) to stimulate a focused discussion by the participants.

Lecture-Discussions
These 45-minute lectures provide a forum for concise, didactic presentation, followed by discussion. The focus may be clinical, research, administrative, educational, or personal or career development.
(NOTE: Two lectures are paired and offered consecutively in a 90-minute session.)

PEER Sessions
As Professional Education Experience Review sessions, these 15-minute presentations provide a forum for sharing research projects, curricular ideas, teaching experiences, or other educational concepts in a brief format.

FRIDAY, JANUARY 21

10:30 am–Noon

SEMINARS

S1: Team-based Learning (TBL) for Preclinical Medical Students: Introducing and Enhancing Clinical Thinking Skills
Allan Wilke, MD; *Nancy Selfridge, MD*; *Charles Seidel, PhD*; *Michael Robinson, PhD, Ross University, North Brunswick, NJ*
Team-based Learning (TBL) is an effective educational approach to enhance clinical thinking skills of preclinical students. Compared to a lecture-based approach, TBL increases student-faculty contact, incorporates active rather than passive learning, highlights gaps in student knowledge, enhances communication skills, builds an appreciation for the value of teams, and provides real-life problem-solving opportunities. This workshop will expose participants to the principles of TBL by having them participate in a class taught using these principles. At the end of the workshop, participants will be able to describe the phases of TBL, describe how TBL differs from lecture- and problem-based learning, see how it can increase clinical thinking skills, and learn how standardized patients and whole-body simulators can be incorporated into TBL activities.
Room: Cottonwood

S2: P&T in 3-D: Promotion and Tenure Success From Three Perspectives
Gretchen Dickson, MD; *Scott Moser, MD*; *Anne Walling, MB, ChB*, *University of Kansas, Wichita, KS*
Family medicine faculty members encounter many barriers to academic promotion including a shortage of role models and heavy commitments to clinical and teaching responsibilities with little protected time for scholarly activities. We will present insights for promotion success from three complementary perspectives: a junior faculty member, a faculty development dean, and a senior faculty member of an institutional promotion and tenure committee. Participants will review mock promotion files that illustrate common challenges and be provided with an opportunity to develop personal action plans for academic promotion.
Room: Dogwood

FRIDAY, JANUARY 21

10:30 am–Noon

LECTURE-DISCUSSIONS

L1A: Two Heads Are Better Than One: How to Increase Learning With Half the Resources
Kristen Goodell, MD; Wayne Altman, MD, Tufts University
Many of us face larger class sizes and static finances, hence increased demands on our community faculty. In 2010 we launched a new 10-month preceptorship for first- and second-year medical students. To place 200 students with community preceptors we created a curriculum that depends on students working in pairs and sent two students to each preceptor. Students learn to give feedback, work in teams, and learn in a self and peer-directed manner. We will explain how the offices work with student pairs, how we recruited/trained the faculty, and how our curriculum depends on students working together. We will review feedback from students and faculty and discuss the benefits and challenges of this format and ways to modify this model for your institution.

L1B: Evaluating ACGME Competencies Through Community Projects
John Brill, MD, MPH, University of Wisconsin; Jennifer Purcell, PhD, Albert Einstein COM, Bronx, NY; Paul Paulman, MD, University of Nebraska Medical Center; William Shore, MD, University of California, San Francisco; Katherine Margo, MD, University of Pennsylvania; Marjorie Stearns, MA, MPH, University of Wisconsin; Donna Roberts, MD, University of Louisville
Many family medicine clerkships utilize community projects to provide students with experiential learning in community engagement. Such projects afford valuable opportunities for assessing the ACGME competencies most difficult to gauge in other settings. Assessing the competencies demonstrated by students in these endeavors is important yet challenging work. At the same time, evaluation strategies can be instrumental in demonstrating the value of working in the community to students and the institution. Attendees will learn about evaluation tools for student community projects used at several different institutions. Participants will share additional approaches to assessing student competencies and evaluating project outcomes.
Room: Arboretum V

L2A: Creating a Family Medicine Learning Community to Increase Family Medicine Career Choice for Medical Students
Douglas Bower, MD; Karen Hulbert, MD; Jeffrey Morzinski, PhD, MSW, Medical College of Wisconsin; David Klehm, MD, St. Michael Family Practice, Milwaukee, WI; Pamela Hughes; Nancy Havas, MD; Kayleen Papin, MD; Sabina Diehr, MD; Karen Nelson, MD; Isaac Pierre, MD; Tess Chandler; Joan Bedinghaus, MD, Medical College of Wisconsin
A Family Medicine Learning Community (FMLC) was initiated in 2008, with the goal of increasing the number of medical school students choosing family medicine as a career track at our institution. This lecture-discussion will describe our student-centered, literature-based approach to development and implementation of a FMLC. Focused on student development, engagement, and connection with family medicine, our integrated strategy includes a longitudinal integrated FMLC over 4 years, early identification and engagement of students with an interest in family medicine, deliberate use of positive faculty role models, multiple academic enrichment activities, and vertical integration between M1-M4s. Our FMLC provides the glue for the student experiences in family medicine.

L2B: Interprofessional, Community-based Health Professions Education—Making It Work!
Steven Crossman, MD; Sallie Mayer, PharmD, MBA; MaryLee Magee, MS; Wendy Dryden; Hasan Kazmi, Virginia Commonwealth University; Julie Bilodeau, Crossover Ministry, Inc, Richmond, VA
Recently there have been national calls both to increase the amount of medical training that occurs in the community and to increase the interdisciplinary education of health professional students. Our project was a successful pilot, called the Enhanced Teaching Practice, which provided a model for educating medical and pharmacy students together in a community-based, free clinic setting. This presentation will define both concepts of interprofessional learning and campus-community partnerships. Subsequently, participants will be asked to brainstorm barriers to implementation of interprofessional education with a community partner. Presenters will then describe the pilot model that was used and the strategies that helped the project to succeed. Finally, presenters will invite participants to describe and discuss their own efforts at providing interprofessional community-based education.
Room: Arboretum IV

FRIDAY, JANUARY 21

10:30 am–Noon

L3A: The Predoc Consultation: How an External Review Can Inform Change
Susan Cochella, MD, MPH, University of Utah; Anthony Catinella, MD, MPH, University of Arizona College of Medicine; Alison Dobbie, MD, University of Texas Southwestern Family Practice, Dallas, TX; James Tysinger, PhD, University of Texas Health Science Center at San Antonio; Curtis Stine, MD, Florida State University
Family medicine educators face varied but common challenges and opportunities, often without the expertise, experience, and mentorship of colleagues from other family medicine predoctoral programs at other institutions. When the stakes are high or the circumstances are unique, educators can use an external consultation to identify a program's strengths and vulnerabilities and recommend changes to enhance the program. This presentation will show participants what a successful external consultation of a medical student program did for one institution in 2007, share details about the process used, and then facilitate a discussion about how such an external consultation could be adapted for the challenges and opportunities a particular institution may face.

L3B: Strategies to Improve Your Feedback
Alison Dobbie, MD, University of Texas Southwestern Family Practice, Dallas, TX; James Tysinger, PhD, University of Texas Health Science Center at San Antonio
Medical students and residents want and need feedback to improve their clinical performance, yet feedback in most ambulatory teaching encounters tends to be brief and non-specific. Reasons why preceptors give minimal or non-specific feedback may include lack of training in delivering feedback, the desire not to offend, and the wish to maintain learners' self esteem. In this lecture-discussion, we share five evidence-based recommendations to help clinical teachers enhance the quantity and quality of their feedback in ambulatory teaching encounters. Participants will (1) Describe five evidence-based strategies to improve the quality and quantity of their feedback to learners, (2) Use these strategies in clinical teaching, and (3) Share the feedback strategies with their colleagues and preceptors.
Room: Arboretum III

L4A: Is a Catholic Mission Statement Good for Medical Education? Reclaiming Institution Tradition for Professional Formation
Fred Rottnek, MD, MAHCM; David Pole, MPH; Aaron Meyer, St. Louis University
We need more family physicians. We need more family physicians committed to the underserved and marginalized, practicing patient-centered and evidence-based medicine, and wanting to teach, lead, and engage in the community. And we know this is possible with the right kind of student. But, too often, we fail to engage and support this student, and their best intentions are diluted and sidetracked with the competing priorities of medical education. To support and cultivate the humanism and professionalism of students, we can start by reclaiming the values of our mission statements. In this interactive session, the faculty and student presenters, with diverse backgrounds in theology, philosophy, and community service will share specific outcome-based programs, curricula, and reflection techniques built upon Catholic Jesuit traditions of the university.

L4B: The Integration of Spirituality Into Clinical Practice With Effective Patient-centered Delivery of Bad News
Alexandra Molinares, MD; Ariel Warden-Jarrett, MD, Howard University Family Health Center, Washington, DC
Spiritual and religious practices as well as family support become of central importance to patients who are diagnosed with cancer. This session is intended to inform medical students and trainees about the significance of integrating spirituality and delivery of bad news into clinical practice in an effective and compassionate manner. This will assist attendees in obtaining a better perspective of the relationship between spirituality and medicine. The discussion leaders will present and discuss a case study of a patient dealing with pancreatic cancer to demonstrate the positive effects of spiritual beliefs and family support on health outcomes. The workshop also provides tools for effective communication of breaking bad news and obtaining a spiritual history through active audience participation, small-group exercises, and video clips.
Room: Arboretum II

L5A: Teaching Cost-conscious Use of Diagnostic Tools and Treatment Strategies in Providing Optimum Patient Care

Fulvantiben Mistry, MD, E.A. Conway Family Practice, Monroe, LA

Research has shown that the cost of medical care is skyrocketing at an exponential rate, and little is being done to curb this cost. With the new health care reform on the horizon, physicians will be expected to develop strategies to provide optimum medical care without incurring massive costs for this care. A major portion of this high cost of medical care is the inappropriate use of diagnostic tools and treatment strategies by physicians. One of the reasons for this is that concepts of cost-consciousness in providing optimum medical care are usually not taught in most medical schools. This paper will identify ways in which medical schools can teach medical students to become more cost-conscious in delivering optimum patient care.

L5B: Multi-method EHR Curriculum Using Simulation, Asynchronous Virtual Charts, and Good Old-fashioned Didactics and Small-group Discussion

Frances Biagioli, MD; Brett White, MD; Ryan Palmer, MFA, Oregon Health & Science University

This is an interactive seminar discussing how to teach clinical reasoning and communication skills when using an electronic health record (EHR). This session will explore teaching EHR concepts using a combination of old and new educational methods such as didactics, small-group discussion, OSCEs with EHR simulation, and asynchronous virtual chart review. The varied methods of instruction accommodate different learning styles and allow evaluation on many levels. We will share the specifics of one multi-method EHR curriculum and how to adapt that curriculum with little technologic knowledge. A large-group interactive session will be followed by small- group discussion of critical objectives to include in an EHR curriculum, innovative methods to teach and assess clinical reasoning, and strategies to overcome barriers to EHR education.

Room: Arboretum I

FRIDAY, JANUARY 21

10:30 am–Noon

PEER PAPERS: SESSION A – Service Learning (Moderator: *David Steele, PhD)*

PA1: Report on the AAFP Student Interest Collaboration Training Workshops
Ashley DeVilbiss Bieck, MPA, American Academy of Family Physicians, Leawood, KS
Despite a small increase in the family medicine Match rate in 2010, fewer medical students chose family medicine in the 2009 Match than in any previous year. Strategy 1.4 from the AAFP Strategic Plan aims to increase the number of allopathic US medical student graduates going into family medicine residency programs to 47% by 2010. This initiative will sponsor four workshops around the country that will bring together stakeholders like AAFP chapters, FMIG faculty advisors, clerkship directors, AHECs, residency directors, department chairs, resident and student leaders, with the goal of building knowledge, skills, and attitudes in the development of their own student interest activities. A report on the outcomes from the first two of the four meetings will be included in the presentation.

PA2: [CANCELED]

PA3: Thinking Outside the Box: How Student-designed Service Projects Enhance Learning, Collaboration, and Independent Thinking
Katherine Wagner, MD; Neil Mitnick, DO; Mary Smith, MSW, PhD, Albany Medical College, Albany, NY
Community service activities offer medical students remarkable opportunities to be active learners and acquire practical skills even in the preclinical years. What about when the community project is completely devised by the medical student, though? Via a scholarly concentration path in community service our institution supports students as they design and implement sustainable service projects. This process requires them to perform an extensive community assessment, establish community partnerships, manage a team, devise evaluation tools, troubleshoot inevitable problems, and relay their experiences to the academic community. It requires the development of skills not generally acquired through traditional curriculum but that are essential for medical practice. We continue to learn with the learners the power of "doing" and learning outside the box of traditional learning pathways.

PA4: Food for Thought and Action
Katherine Wagner, MD; Neil Mitnick, DO; Mary F. Smith, MSW, PhD, Albany Medical College, Albany, NY
Through recent FMIG sponsored events, our family medicine department has witnessed the power of food in stimulating program growth and medical student passion. In line with the medical school adage "see one, do one, teach one," we have witnessed the evolution of "eat a meal, cook a meal, serve a meal." What began as programs to alleviate medical student stress developed into events offering student mentorship with cooking as the common denominator. Ultimately this spurred the development of a community outreach project with cooking as the focus. We have been impressed at student interest in this cooking format and continue to learn how the power of cooking and sharing meals can facilitate communication and service activity in the medical student population.

PA5: Service Learning as an Element of Required Clinical Curriculum: A Medical School and Community Partnership
David Gaspar, MD; Michele Doucette, PhD, University of Colorado Health Science Center, Aurora
Community medical practices are a resource to the populations they serve, and medical students can also contribute to those communities through community service activities. Beginning in 2008, a planned service learning experience was implemented in a year 3 rural clinical clerkship. During their rural clinical experience, students were released from their "clinical" duties to provide community health service and/or medical-related education. To date, more than 200 student activities have been completed. The projects reported most frequently included talks to schools (24%), community medical support services (22%), medical resources development (11%), community health talks (10%), and health fairs (10%). Approximately two thirds of the students rated this activity as a "Good" or "Very good" learning experience. This program's impact on the learner and community will be presented.

Room: Magnolia

PEER PAPERS: SESSION B – Special Projects (Moderator: *Sebastian Tong*)

PB1: Reminding Learners of the Humanity in Medicine

Patricia Sexton, DHEd; Margaret Wilson, DO; Margaret Wilson, DO, Kirksville College of Osteopathic Medicine, Kirksville, MO

The overarching goal of this session is to share an innovative way to anchor humanism within the medical curriculum. Traditional medical education curricula are comprised of extensive scientific understanding as well as relational aspects of clinical care. Often science is emphasized, and deep interpersonal exploration is lost. The goal of the session is to share an elective designed to expose students to the humanity in medicine through literary works. The course consists of discussion and analysis papers with hopes of increasing perspective, deepening understanding, and enhancing empathy. Challenges encountered include time for elective coursework within a packed curriculum. Thus far, however, the course has experienced excellent enrollment. This model translates easily to any medical school wishing to enrich the medical curriculum. Future directions will be discussed.

PB2: 1,500 Prescriptions: Outcomes of a Safe Prescribing Curriculum for Medical Students

Vincent WinklerPrins, MD; Sandra Campbell, PhD, Michigan State University; Richard Younge, MD, MPH, Columbia University; Pablo Joo, MD, Albert Einstein College of Medicine; Deborah Jones, MD, MPH, New York, NY; Susan Lin, DrPH, New York, NY; Jason Hove, MD, Columbia University; William Burton, PhD, Albert Einstein College of Medicine

Safe prescription writing is an essential element of patient safety and a skill that all physicians need to master. We will describe a safe prescribing curriculum piloted in our required family medicine clerkship and now disseminated throughout all the required third-year clerkships. We will include detailed sub-scores of student prescription writing performance on our 10-point scoring checklist and discuss the faculty development concept of "things arriving with the learner."

PB3: Primary Cares: A Medical Student Primary Care Facebook Group

Heather Paladine, MD; Prantik Saha, MD, MPH; Hilary Grubb, BA, Columbia University

Our medical school features a longitudinal program of clinical experiences, mentoring, and research support for selected students with an interest in primary care. Despite the presence of this group, there are many barriers to primary care interest at our medical school, including the school's focus on research and subspecialty training and periods of time in the curriculum with little primary care contact. The goals of this primary care Facebook group were to maintain a longitudinal presence with students and to create an online forum for discussion about primary care. In this session, we will discuss our experiences with starting a primary care Facebook group, including how to start the group, privacy issues, and student use of the group. We will also share results of a survey of student group members.

PB4:Evaluation of a New Self-paced Online Interactive Dermatology Curriculum Method in First-year Medical Students

Brittany Clark, University of Rochester, Rochester, NY

Objective: To evaluate the effectiveness and medical students' attitudes toward an interactive online curriculum that integrates clinical decision support software into dermatology teaching. Methods: Medical students in an ambulatory clerkship were randomized to either a control or intervention group and asked to complete a set of 10 modules as their dermatology curriculum. The intervention group incorporated the new curriculum, aimed at fostering the development of early clinical reasoning skills. The control used traditional teaching methods. Effectiveness of the curriculum was evaluated by comparing retention in the two groups as evidenced by scores on a final exam. Participants also completed a brief survey. Results: Preliminary results indicate students enjoyed the interactive learning, with further analysis to be presented at the time of the meeting.

PB5: Assessment Tools for Measuring Students' Ability to Care for Patients With Disabilities and Preliminary Outcomes

Kira Zwygart, MD; Laurie Woodard, MD; Barbara Brooks, MA, University of South Florida, Tampa, FL; Susan Havercamp, PhD, Ohio State University

Ohio State Univ COM Columbus, OH;

Adolescents and adults with physical and developmental disabilities often have difficulty accessing health care in part due to provider negative attitude, limited knowledge, and stated discomfort. In this presentation, a novel comprehensive educational module that is incorporated into a required primary care clerkship is briefly described. Quantitative validated assessment tools that had to be created and adapted for this module are described, and preliminary results of this assessment with more than 250 students to date are reviewed. Our data show that this module favorably improves students' knowledge, attitudes, and comfort with patients with disabilities, especially with patients who have the most severe impairments.

Room: Sandalwood

FRIDAY, JANUARY 21

10:30 – 11:15 am

SPECIAL SESSION

SS1: Alphabet Soup: Who Are All of These Family Medicine Organizations?

Stacy Brungardt, CAE, Society of Teachers of Family Medicine, Leawood, KS

STFM, ADFM, AAFP, ABFM, AFMRD, NAPCRG, CAFM. If you can define the priorities of all these organizations/coalitions or even state what the acronyms stand for, you are rare among members. Family medicine has multiple organizations serving our discipline, each with a unique identity and focus but also many commonalities in the priorities and constituencies they serve. Having multiple, separate organizations has its advantages: autonomy, increased leadership opportunities, and resources targeted toward a key constituency. Despite the advantages, having multiple family medicine organizations also leads to redundancy, promotes inefficiency, stretches scarce resources, and creates confusion among members and others trying to figure out which group to turn to for information and resources. This session will highlight the priorities and primary constituency of each of these organizations; describe the areas where there is collaboration and overlap in shared priorities, such as advocacy; and describe developments over recent years that are leading to increased communication and coordination of activities among the groups.

Room: Mesquite

FRIDAY, JANUARY 21

1:30–3 pm

SYMPOSIUM

SY1: Behavioral and Social Sciences as Key Elements of Enhanced Medical Education

William Toffler, MD; *Kathryn Chappelle, MA*, *Frances Biagioli, MD, Oregon Health & Science University*; *Lynne Cleeland, MS*, *University of Wisconsin; Mary Johanna Fink, MD*, *Columbia University; Robert Gwyther, MD, MBA*, *Chapel Hill, NC; Patrick McBride, MD, MPH*, *University of Wisconsin*; *John Rogers, MD, MPH, MEd*, *Baylor College of Medicine*

Although more than half of all causes of morbidity and mortality are due to behavioral and social factors, an IOM report documents that most US medical schools don't provide adequate teaching of behavioral and social sciences. In response, the NIH awarded grants to nine institutions to develop and disseminate curricula across six domains: mind-body interactions, patient behavior, physician role and behavior, physician-patient interactions, social and cultural issues in health care, and health policy and economics. Presenters will share a variety of curricular innovations designed to enhance teaching of behavioral and social sciences in the medical school curriculum. Next year each of the institutions engaged in curricular reform will work with "partner" institutions, bringing the total number of institutions actively involved in this curricular change effort to 18.

Room: Cottonwood

LECTURE-DISCUSSIONS

L6A: Keep It Clear: Developing Communication Skills to Work With Patients With Limited Health Literacy

Donna Roberts, MD; Jeri Reid, MD, University of Louisville

Studies show that limited health literacy impacts health care delivery, outcomes, and use of health care resources. Since June 2009, the presenters have implemented a new health literacy curriculum titled Keep it CLEAR, funded through the Health Resources and Services Administration (HRSA), which is teaching third-year medical students the concept of health literacy and the requisite communication skills for effective work with patients who have limited health literacy. The interactive session utilizes didactic overview, video demonstration, and small-group practice with standardized patients to enhance the learning experience. The proposed workshop will allow attendees to participate in all components of this successful educational activity and to have the tools necessary to implement a similar program in their own institutions.

L6B: Male Patients Who Perpetrate Intimate Partner Violence: New Medical Student Curricula With Active Learning Techniques

Vijay Singh, MD, MPH, MS, University of Michigan Robert Wood Johnson Clinical Scholars Program, Ann Arbor, MI

Intimate partner violence (IPV) medical education programs focus on screening and referrals for women who have been battered. However, male patients who abuse their partners form a new area of research. The findings and clinical implications from this research can be incorporated into medical student education on IPV. Participants will learn the reliability, validity, and descriptions of IPV perpetration measurement tools and the prevalence of and risk factors for IPV perpetration by men. Attendees will understand batterer intervention outcomes, effectiveness, and new approaches. A case scenario will highlight a case-finding approach to identify and treat male perpetrators. The discussion includes the think-pair-share active learning technique to analyze the case scenario.

Room: Mesquite

L7A: Another Valerie Plame Affair: Failure to De-identify a Resident Presented at Grand Rounds

Tracy Kedian, MD, University of Massachusetts Medical School FPRP, Worcester, MA, University of Massachusetts Medical Center, Worcester, MA

In May of 2009, during a Grand Rounds presentation titled "Understanding and Working With the Challenging Learner," the identity of a resident used in one of the case presentations became clear to some audience members. This session will focus on the event and its fallout. The nearly 2-week process of managing an educational error that followed will be reviewed in detail. Residents, multiple levels of administrators, the hospital attorney, and faculty from two departments at our institution became involved as the process unfolded. Throughout the presentation, existing literature on error of this type will be presented. We will hold a collaborative discussion to gain recommendations toward a policy to safeguard subject-learner confidentiality and to prevent recurrence.

L7B: When Bad Things Happen to Public Figures—Privacy Versus Need to Know

Elizabeth Garrett, MD, MSPH, University of Missouri; James Peggs, MD, Thomas Schwenk, MD, University of Michigan Medical School

Close working relationships and friendships are formed with colleagues across the US. Technology, listserves, and social networking allow us to communicate 24/7 and stay in close touch. What should occur when one of these colleagues suffers an acute life-threatening medical event? Where is the line between privacy and the need to inform individuals who may be widely dispersed? Who should make the decision about disclosure, and what are the short-term and long-term possible risks and benefits of the decision? These issues will be discussed using the events of a recently hospitalized colleague as the springboard for discussion. A brief literature review will be presented, and personal experiences and reflections will be shared by those who were confronted by these questions, and audience input will be encouraged.

Room: Magnolia

FRIDAY, JANUARY 21

1:30–3 pm

PEER PAPERS: SESSION C – Clinical Skills (Moderator: *David Little, MD*)

PC1: Curricular Application of a Web-based Tool to Enhance Medical Student Oral Clinical Presentation
Dennis Gingrich, MD, Pennsylvania State University
Students' most frequent interactions with physician teachers in a clinical setting are oral presentations about clinical encounters, yet there are relatively few clear guidelines available to objectively define and illustrate quality of the case presentation in a manner that can be used for student instruction. Faculty from two universities developed an innovative Web-based model to accomplish this task. Information will be presented on the application of this tool within the curriculum of a medical school.

PC2: Development of a Preceptor Tool to Help Students Learn Diagnostic Reasoning
Robin DeMuth, MD; Julie Phillips, MD, MPH; Vincent WinklerPrins, MD; Dianne Wagner, MD, Michigan State University
Using an evidence-based approach incorporating analysis of student performance on an OSCE assessment for third-year medical students, feedback from remediation sessions, and published literature on how novice and experienced physicians approach patients, a tool was developed to assist preceptors in teaching a systematic yet nuanced approach to the patient. In this session we will review the process of developing this intervention based on student assessments, with description of the major performance challenges seen and the tool developed.

PC3: Communication Skills Self-assessment by Family Medicine Clerkship Students Undergoing an Integrated Standardized Patient Exam
Christopher Morley, PhD, MA, CAS; Andrea Manyon, MD; Carin McAbee, BS, SUNY Upstate Medical University
Introduction: An Integrated Standardized Patient Examination (ISPE) evaluating Hx, communication, and counseling skills has been implemented in our family medicine clerkship. Methods: At close of ISPE, students perform self-assesment via short answer form. We qualitatively analyzed differences in self-assessments of communication skills done by the top and bottom 15 students. Results: There were marked differences between high- and low-scoring students, with 12 of 15 low scorers expressing they had communicated well or very well. Conversely, high scorers tended to express more doubts. The high scorers also had a propensity for self-critique in their comments. Conclusions: Self-awareness and critique may be an important element for communication skill building, and ultimately, to professionalism. These results are preliminary, and further exploration is needed.

PC4: [CANCELED]

PC5: Teaching Third-year Medical Students the Four Habits Model to Improve Their Patient-centered Interviewing Skills
Hannah Maxfield, MD, University of Kansas Medical Center, Kansas City, KS
Patient-centered interviewing is an increasingly important part of the medical encounter. Old habits die hard, and without deliberate training, students follow a physician-centered model. One method of teaching these interviewing skills is the Four Habits Method. The Four Habits are: invest in the beginning, elicit the patient's perspective, demonstrate empathy, and invest in the end. The Four Habits Model has been used extensively within the Kaiser Permanente group with sustained improvement in patient satisfaction scores. A previous study at our institution showed that students had difficulty with these habits, so this project was developed to enhance medical student knowledge of patient-centered interviewing and to give them a framework to develop their skills.

Room: Arboretum I

PEER PAPERS: SESSION D – Professionalism (Moderator: *Rebecca Gladu, MD*)

PD1: Rewarding Professional Behavior in Clerkship Students

Amanda Keerbs, MD, MSHS; *Robert Keys, MA*; *Tom Greer, MD, MPH*; *Frederick Chen, MD, MPH*, *University of Washington*

A large body of literature exists on professionalism curricula for medical students. Written critiques by medical students (Brainard 2007; Leo 2008) document learner distrust of these curricula. Reasons for distrust include the focus on identification of unprofessional behavior and remediation (Leo, 2008) and lack of positive role models (Brainard 2007). We implemented a professionalism award program for medical students completing their family medicine clerkship during 2009-2010. We have collected 13 faculty nominations of students who exhibited highest professionalism. Our award selection committee will choose the winner using previously defined professionalism benchmarks. The winner will be announced at a clerkship meeting and at graduation. We believe this award will positively incentivize the adoption of our professionalism benchmarks, and recognizing these students will create peer role models.

PD2: Comparison of Peer, Self, and Faculty Assessment of a Required Medical Student Community Project

John Brill, MD, MPH, *University of Wisconsin, Fox Valley Family Medicine Residency, Milwaukee*; *Dennis Baumgardner, MD*, *University of Wisconsin*

Medical student assessment has historically been the exclusive realm of faculty. With a growing focus on lifelong learning, interest in self and peer assessment has expanded in higher education. Limited analyses of peer and self-assessment in undergraduate medical education, primarily either in problem-based learning formats or evaluating aspects of professionalism, have found conflicting data on efficacy. Our institution began a community project requirement in 2009 and created a peer-faculty-self assessment process to grade the work. We compared the evaluations from the three groups of evaluators for correlation. Peer and self overall scores were 7% and 4% higher than faculty, respectively. A significant correlation was seen between all groups, with particularly strong peer-faculty rating concordance. These results validate the use of peer and self evaluation in this setting.

PD3: Truth or Consequences: Using Interactive Case Scenarios and Junior Mentors to Teach Professionalism

Linda Murray, MD, *Sparrow/Michigan State University Family Medicine Residency Program, East Lansing, MI*

Professionalism is widely seen as a key component of medical practice that is competent and compassionate. Teaching professionalism through "real life in the wards" case scenarios is an innovative way to approach the subject. Engaging senior medical students and residents as discussion leaders, or junior mentors, invites them to participate in the concretization of professionalism in their future colleagues. Interactive case scenarios presented by preclinical medical students are easy to prepare and facilitate. They provide an opportunity for the former to posit themselves as exemplars of professional behavior and the latter an opportunity to consider what is professionally expected of them in the wards. This project is easily reproducible and can act as part of a more broad and measurable approach to teaching professionalism.

PD4: Found in Translation: An Interpreter Experience Teaches First-year Students Family Medicine Values and Skills

Amy Lee, MD; *Molly Cohen-Osher, MD*, Tufts University Family Medicine Residency, Malden, MA

Family medicine predoctoral faculty often struggle to find a place in the preclinical curriculum to expose students to the values and skills of family medicine in a way that promotes student interest in primary care and family medicine. We have developed and refined a medical interpreter experience in our Interviewing course that occurs during the first months of medical school, when eager new students learn to communicate with patients. Students learn about patient-centered care, cross-cultural communication, and proper use of a medical interpreter and then practice these skills with underserved elders with limited English proficiency. We will discuss how this program could be adapted or used as a model by other schools to teach family medicine values and skills early in medical school.

PD5: A Model Transitional Clerkship Program for the Resource Challenged: Use of Peer Teaching

Elisabeth Del Prete, DO, University of New England College of Osteopathic Medicine, Biddeford, ME

Perhaps the most significant transition for medical students is the passage from the primarily teacher driven first 2 years of medical curriculum to the last 2 years of chiefly learner-driven clinical training. To enhance opportunities for successful completion of this challenge, medical curriculum should provide an educational intervention commonly termed a transitional clerkship course, which fosters knowledge acquisition and application, skill review and practice, and performance feedback. In the challenging setting of limited financial resources and scant clinical faculty, our transitional course delivery hinged upon the use of peer teachers for most instructional segments. After attending this session, participants will learn how to structure a course to promote student transition from classroom to clinic through effectively and appropriately using peer and near peer instructors.

Room: Arboretum II

FRIDAY, JANUARY 21

1:30–3 pm

PEER PAPERS: SESSION E – Rural Health/Palliative Care/Faculty Development

(Moderator: *Sarah Marks, MD*)

PE1: Enhancing Palliative Care Education of Third-year Medical Students

Pablo Joo, MD, Albert Einstein College of Medicine, Bronx, NY; Jim Fausto, MD; Marlene Mchugh, FNP; Karen Moody, MD; Lisa Zelnick, MD; Montefiore Medical Center, New York, NY; Jennifer Purcell, PhD, Albert Einstein College of Medicine, Bronx, NY

Medical students are primarily trained in cure-directed therapies. In contrast, the growing population of chronically or incurably ill requires future physicians to receive basic training in palliative care. Only 30% of US schools have required courses, while 50% incorporate palliative care education into other coursework. At our institution, educators identified curricular gaps and lack of assessment. In response, we created a palliative care education initiative, linked to measurable learning objectives for third-year students, in our family medicine and pediatrics clerkships. We conducted baseline assessments of palliative care education at our institution linked to three levels of Kirkpatrick's Hierarchy of Outcome Measures (reactions, attitudes, knowledge).We will reassess these outcomes after the introduction of our curriculum. Our data and curriculum will be presented.

PE2: Incorporating Hospice and End-of-life Ethics and Symptom Assessment Into a Family Medicine Clerkship

Steven House, MD, University of Louisville (Glasgow) Family Medicine Residency, Glasgow, KY

The incorporation of hospice and palliative medicine into medical school curricula is highly variable throughout the United States, ranging from no exposure to the topic to fourth- year electives to longitudinal study throughout the 4-year curriculum. The end of life is an inevitability that may occur at any age, so family physicians should be well prepared to face these events with their patients and to teach medical students to do the same. Regardless of the career path a student chooses to pursue, learning these skills in end-of-life care will serve them well, and with the family physician's knowledge of family systems and the care of patients of all ages, they are the best positioned to provide this education.

PE3: The Rural Immersion Program—An Innovative Community-based Rural Program For Third-year Students

Richard Streiffer, MD; Kimberly Williams, MPH, Tulane University

The rural physician workforce shortage is among the most pressing primary care needs in our country. This paper will share the development and initial implementation of a rural immersion program in which third-year medical students move to and learn in a rural community for 9 months under the oversight of a family physician preceptor, in lieu of traditional urban, tertiary, discipline-specific rotations. Prior research on the immersion model shows that students benefit from the one-on-one and longitudinal training, the mentorship of the preceptor, the socialization to rural life, and the independence and maturity promoted by being the only student in the community. Barriers, successes, community perception, and feedback from the pilot year of this unique private medical school program will be discussed.

PE4: Student Preferences During M1 and M2 to Support Their Intentions for Rural Clinical Training

Carol Hustedde, PhD; FrancesAnn Thomas; Jennifer Joyce, MD; William Elder, PhD, University of Kentucky

Many medical schools have a stated mission to train more physicians to practice in rural settings. Rural training programs have existed for several years, and new programs are starting as need exceeds supply. The training sites vary between all rural or a combination of rural and urban. Our institution's rural training track uses a 2 + 2 model where M1 and M2 are in an urban setting and M3 and M4 in a rural setting. We conducted semi-structured interviews with 16 students to determine what M1 and M2 curricular elements they needed to maintain their commitment to rural training while in an urban environment. Qualitative analysis of interview data identified three categories of training needs that students desire to support their intentions for rural training.

PE5: Can the One Minute Preceptor Model Be Useful in Preclinical Medical Education?

Sarah Parrott, DO; John Childs, BS, The University of Health Sciences, Kansas City, MO

While the effectiveness of the One Minute Preceptor (OMP) in clinical medical education has been well-documented in the literature, there are no published studies that suggest the OMP model may be useful in preclinical medical education. To test whether the OMP might be used on our campus to augment current teaching styles for first- and second-year medical students, we instituted a pilot study that compares the OMP model to the traditional feedback clinicians give students after case scenarios in the human patient simulator laboratory. Outcomes include student and faculty acceptance of the OMP as well as student performance on case-related quizzes given immediately after the experience. In this session, we report preliminary data for this ongoing project.

Room: Arboretum III

PEER PAPERS: SESSION F – Electronic Health Record/ Longitudinal Curriculum

(Moderator: *Melly Goodell, MD*)

PF1: Knowledge, Attitudes, and Patterns of Third-year Medical Student Electronic Communication

Jay Morrow, DVM, MPH; Dan Sepdham, MD; Laura Snell, MPH; Alison Dobbie, MD; Raytosha O'Neal, MA, University of Texas, Southwestern Medical School, Dallas, TX

An interactive electronic communication curriculum for residents is hosted on the STFM Resource Library Web site (www.fmdrl.org) and recently published in the Family Medicine journal. To our knowledge no studies in the literature describe patterns of medical student electronic communication that impact professionalism and the doctor-patient relationship. Prior to integrating this curriculum in our own clerkship, we will investigate students' spontaneous electronic communication skills. During the final three rotations of academic year 2009-2010, we will ask students to complete an exercise of two simulated patient e-mail messages, and an eight-item survey of their knowledge and attitudes about electronic communication with patients. We will report on findings from our cross-sectional study evaluating third-year students' knowledge, attitudes, and patterns of electronic communication.

PF2: Creating a Longitudinal Patient Panel for Medical Students

Karen Hulbert, MD, Medical College of Wisconsin

Our medical school began the redesign of its medical student curriculum in 2007 with an emphasis on the integration of basic and clinical sciences and early longitudinal clinical experiences. Beginning this academic year, a pilot program involving 28 M1 students has begun. The Longitudinal Patient Panel is an innovative initiative in which students become active participants in the care of a select panel of patients beginning in the first year of medical school. Students are involved in patient care for a half day each week. These experiences are then tied to organ-systems-based modules in weekly staffing sessions. We present a unique model that has the potential for applications at other medical schools and an impact for family physicians striving to strengthen primary care.

PF3: Teaching Musculoskeletal Medicine to Medical Students: A Longitudinal Curriculum

Jessica Servey, MD, Uniformed Services University, Herndon, VA

There is little in the literature about curricula in musculoskeletal medicine in medical schools. The recent data demonstrates that 10.1% of office visits for symptoms in a primary care setting was musculoskeletal. This is a current longitudinal curriculum in musculoskeletal medicine over 3 years. During the family medicine clerkship the curriculum is specific and assessed at the end of 6 weeks via OCSE. This presentation will discuss the development of the curriculum and the changes being made. It will also discuss preliminary evaluation of the curriculum.

PF4: The Development of a Primary Care Leadership Track Using a Longitudinal Integrated Curriculum

Nancy Weigle, MD; Barbara Sheline, MD; Joyce Copeland, MD; Duke University Medical Center, Durham, NC

The US health care system needs not only more primary care providers but primary care providers that can address the needs of both patients and communities. Health care is changing, and medical school graduates will be the leaders of change and innovation to solve the global concerns facing health care today. The Primary Care Leadership Track (PCLT) will train students to be primary care leaders who can engage with communities and practices to help improve health outcomes. This is an innovative 4-year curriculum designed to support interest in and develop skills needed for community-engaged, population-focused primary care practice.

Room: Arboretum IV

FRIDAY, JANUARY 21

1:30–3 pm

SPECIAL SESSIONS

SS2: NBME Special Session: What New and Innovative Services Are Being Developed for Assessing Clinical Reasoning?

Agata Butler, PhD, National Board of Medical Examiners, Philadelphia, PA

NBME examinations provide reliable methods for students to measure individual achievement against valid benchmarks, and for schools to determine the effectiveness of curriculum design and delivery. The presentation will include an update on the current use of the NBME Family Medicine Subject Examination at US medical schools and an overview of the development of a new web-based NBME Family Medicine Examination that will be introduced in 2011. The new examination has been developed over the past three years in collaboration with a number of family medicine faculty members and with the Society of Teachers in Family Medicine. The first step included meetings with family medicine clerkship directors and clinical faculty to gain consensus about expectations for students in family medicine clerkships, including defining the core curriculum and clinical tasks and responsibilities likely to be required across schools. The information obtained was used to develop specifications for building the new examination. New items were developed and reviewed by family medicine faculty. New item development primarily focused on sequential item sets that unfold and challenge examinees to manage patients over time. Future examinations are expected to include items with associated multimedia.

Room: Sandalwood

SS7: 2011 STFM Student Scholarship Winners: What Tomorrow's Leaders Are Doing Today

Scholars: *Abby Davids, Ohio State University; Aaron Meyer, Saint Louis University; Nina Patel, Stanford University; Ellen Perkins, Duke University*

Discussants*: John Delzell, MD, MSPH, Kansas University Medical Center, and David Steele, PhD, Texas Tech University Health Science Center, El Paso*

This special panel session will highlight our 2011 Student Scholars, who are receiving this year's scholarships based on their interest in family medicine and potential for an academic career, as well as their commitment to family medicine/FMIG/STFM, leadership skills, volunteerism, and involvement in scholarship and research at their school.

Room: Arboretum V

SS9: Results of the 2010 STFM Survey of Clerkship Directors Concerning Community Preceptor Payment And Recruitment

Lisa Slatt, MEd, University of North Carolina; David Power MD, MPH, University of Minnesota Medical School; Christine Jerpbak MD, Thomas Jefferson University; Katherine Margo MD, University of Pennsylvania; David Anthony MD, MSc, Brown University Memorial Hospital of Rhode Island;
Reid Johnson, University of North Carolina

Community preceptors play a very important role in educating medical students in their Family Medicine clerkships. All clerkship directors are aware of the challenges of recruiting and retaining community preceptors particularly when there is little or no funding. To update available data on community preceptors, the STFM Group on Medical Student Education's survey working group decided to electronically survey all clerkship directors at US allopathic medical schools in October 2010. In this session we will present the results of our survey. We will invite active discussion from the audience. We will present some ideas and strategies based on the survey results that may assist medical school educators with retention of our valuable community preceptors.

Room: Dogwood

FRIDAY, JANUARY 21

3:30–5 pm

SYMPOSIUM

SY2: Integrating fmCASES Into Your Clerkship: Levels 101 and 201
David Anthony, MD, MSc, Brown University Memorial Hospital of Rhode Island, Pawtucket, RI; Jason Chao, MD, MS, Case Western Reserve University; Alexander Chessman, MD, Medical University of South Carolina; Leslie Fall, MD, Dartmouth Medical School; Shou Ling Leong, MD, Pennsylvania State University; Katherine Margo, MD, University of Pennsylvania; Stephen Scott, MD, MPH, Weill Cornell Medical College in Qatar, New York, NY; John Waits, MD, University of Alabama
fmCASES, a network of virtual patient cases that covers the content of STFM's Family Medicine Curriculum, has been available to family medicine clerkships since July 2010. This session will address challenges and share strategies for integrating the fmCASES into a clerkship curriculum for both those who have been using fmCASES as well as those who are considering it. Demonstration of the cases along with the fmCASES Instructors' Area and lessons learned from CLIPP and SIMPLE on implementation will be presented. Schools that have piloted and/or subscribed to the cases will share their successes, challenges, strengths, and barriers of integrating fmCASES into their clerkships. Schools that are using the exam based on fmCASES will report on their experiences. Participants will have opportunity to share ideas with colleagues.
Room: Cottonwood

LECTURE-DISCUSSIONS

L8A: Engaging Medical Students in National Health Care Reform Using an Innovative Web-based Audience Response System
John Malaty, MD; Raj Mehta, MD; George Samraj, MD; Richard Rathe, MD, University of Florida
When medical students are not actively involved in their education, retention diminishes. Data suggest that utilizing Audience Response Systems (ARS) improve long-term retention but are costly to implement. In the face of the increasing use of smartphones and laptops, new educational opportunities have arisen. A new, innovative Web-based ARS (WARS) is being used at our institution to teach medical students about National Health Care Reform. This lecture and demonstration will teach how to implement this system. Audience participation is encouraged with smartphone/laptop use. The system is simple, allows anonymous responses, displays aggregate data, and can be applied to various educational topics. This system carries no financial burden compared to traditional ARS. The plan is for this to be made open-source.

L8B: Engaging the Tech-savvy Student: Practical Teaching Methods Utilizing Innovative Digital Media
Ryan Palmer, MFA; Kathryn Chappelle, MA; Nicole DeIorio, MD; Luai Zarour, MD Candidate, Oregon Health & Science University
Many schools are experimenting with using new technology in the classroom to better engage a tech-savvy generation of students. Conference presentations on education technology often focus on what the technology can do rather than demonstrate implementation in an educational setting. Presenters will describe and demonstrate the use of three technologies used to engage learners more effectively in both formal and informal teaching contexts—Google Wave, an audience response system, and a group blog. Outcomes of the pilot use of these methods will be shared through student feedback data and testimonials. Participants will gain an understanding of how to integrate these tools, and others like them, into their own instructional programs.
Room: Magnolia

FRIDAY, JANUARY 21

3:30–5 pm

L9A: SWIM (Staying Whole in Medicine)–An Approach to Enhancing Medical Student Wellness
David Remmer, MD; Jocelyn Gravlee, MD, University of Florida
Medical student wellness is an important topic in medical education today, and various strategies for dealing with medical student stress have been reported in the literature. SWIM (Staying Whole in Medicine) is a program developed at our institution seeking to enhance medical student wellness and help first- and second-year medical students both deal with the stresses of their preclinical years as well as prepare them for the various other stressors they will encounter on the wards and beyond. This program utilizes clinical faculty, with the majority being family physicians, who lead small groups of nine students in informal, biweekly sessions. Students and faculty work together to set session agendas, and off-campus "fun" group activities are encouraged. Initial student feedback has been positive.

L9B: Arte-ful Teaching in Family Medicine: A New Curriculum on Articulating and Reflecting Tacit Expertise
William Phillips, MD, MPH; Amanda Keerbs, MD, MSHS; Larry Mauksch, MEd; Frederick Chen, MD, MPH; Alex Stoller, MPA; Audrey Lew; Tom Greer, MD, MPH, University of Washington
We present a new curriculum on learning and teaching the tacit expertise that is at the heart of family medicine: ARTE (Articulating and Reflecting Tacit Expertise). Medical training focuses on facts, problems, and protocols; yet care requires more. ARTE has three goals: (1) Open up the intellectual and emotional processes involved in patient care, (2) Create a safe environment for students to ask questions, (3) Promote reflection in patient care and teaching. We will report new data from students and faculty on challenges and strategies for improving teaching, learning, and professional growth. We will present practical tips and demonstrate tools for use in clinical teaching settings. We will illustrate Web-based materials, review evaluation plans, and integrate group discussion throughout.
Room: Sandalwood

PEER PAPERS: SESSION G – Underserved Projects (Moderator: *Joanne Williams, MD, MPH*)

PG1: Exploring Projects Within Family Medicine Clerkships: National Overview and Project Exchange
Amanda McBane, MD; *Suzanne Harrison, MD*; *Curtis Stine, MD*, *Florida State University*
Student learning in family medicine clerkships from clinical patient care activities is often supplemented by didactic teaching, required readings, and other "extra-clinical" educational activities or "projects." Little data exist about how many clerkships utilize projects, what topics are addressed, what "products" are created or how projects are assessed. Data from a national survey about the use of, topics covered, products created, and assessment of clerkship projects will be presented and discussed. Then participants will be invited to briefly describe current projects being used in their clerkship and share project materials with other participants. The value of creating a national "clerkship project repository" will be explored, as well as ways that projects can be used within the context of our new national curriculum.

PG2: Reaching the Underserved Through Community-based Participatory Research (CBPR) and Service Learning: Program Description and Evaluation
Nora Gimpel, MD; *Patti Pagels, MPAS, PA-C*, *University of Texas, Southwestern Medical School; Florence Dallo, PhD*, *Oakland University, Rochester, MI; Tiffany Billmeier, MPH*, *University of Texas, Southwestern* Medical School; *Mark DeHaven, PhD*, *University of North Texas Health Science Center, Fort Worth*
We developed the Community Health Fellowship Program (CHFP) for training medical students in community-based participatory research (CBPR) and service learning. The program has didactic and applied community research components. From 20052009, medical students completed 25 research projects with 19 community partners. Program evaluation indicated that medical students' research knowledge increased significantly in most areas assessed, and medical students reported favorable attitudes about the program, their mentors, and their community projects. Community partners reported favorable attitudes toward the medical students and the program. Based on these findings, our program can serve as a prototype for other institutions for training future physicians in understanding and addressing the needs of the underserved.

(**Continued on next page…**)

PG3:UST: Multidisciplinary Primary Care Model for the Underserved

Kenia Mansilla-Rivera, MD, *University of Connecticut/St Francis Hospital Family Medicine Residency, Avon, CT*

Urban Service Track (UST) is an educational program that provides health professions students with the opportunity to gain skills in care for urban underserved patients. UST is a collaboration between the AHEQ Program and the Schools of Dental, Medicine, Nursing, and Pharmacy. UST promotes multidisciplinary teamwork and supports the medical home model. Our department play an active role in this program, creating an opportunity to interact with students early in medical school. UST is also planning to expand to the residency level this year. UST curriculum centers on culture and linguistic differences, health policy, population health, advocacy, resource constraints, and quality improvement. A variety of service opportunities and research projects are available to promote community exposure, clinical development, and research opportunities for students.

PG4: Longitudinal Outcomes: Third-year Underserved Program Participation Associates With Primary Care and Underserved Residency Choice

Margo Vener, MD, MPH; *Arianne Teherani, PhD*; *Margaret Wheeler, MD, University of California, San Francisco*

To encourage interest in primary care of the underserved, we developed a 6-month track for third-year students with a strong interest in urban health. In this innovative program, students complete their family medicine, internal medicine, and pediatrics or obstetrics clerkships in an urban health setting. Since 2005, 114 students have participated. We evaluated residency Match data and compared students in our underserved program with traditional students. Analysis revealed that compared with traditional students, students who participated in our underserved track have higher rates of (1) pursuing additional underserved or primary care experiences in medical school, (2) matching into residency in a primary care field, and/or (3) matching into a residency program focused on underserved care.

PG5: The Rewards of Serving the Underserved: The Value of Providing Care to an Underserved Community

Marcelo Campos, MD; *Wayne Altman, MD*; *Molly Cohen-Osher, MD*, *Tufts University Family Medicine Residency, Malden, MA*

Many students choose a career in medicine with the intent to serve those in need. However, all too often, the financial burden of student loans and the lack of exposure to physician role models caring for underserved patient populations lead many students off this track. We have developed a program as part of the family medicine clerkship to teach students how physicians in a residency community health center provide quality care to an extremely poor population. The faculty facilitates activities that stimulate thought about cultural competence, barriers to care, and the impact of money on a doctor's life. By transparently discussing the demands and rewards of caring for our community, we hope to demonstrate the value of providing care for underserved populations to our students.

Room: Arboretum V

FRIDAY, JANUARY 21

3:30–5 pm

PEER PAPERS: SESSION H – M-S Education: Evaluation/Remediation Self-directed Learning

(Moderator: *Christine Jerpbak, MD)*

PH1: "Did We Get It Right?" Evaluating the Effectiveness of Remedial Teaching
Tracy Kedian, MD, University of Massachusetts Medical School, Family Medicine Residency Program, Worcester
What is the best way to assist students who are underperforming? Medical schools are improving in their efforts to identify students' clinical skills problems early on. Many have instituted OSCE-style testing to prepare students for the USMLE Step 2 CS but also to be proactive in identifying students who are in need of additional teaching in areas such as medical interviewing, oral presentations, and clinical reasoning. There is no guidance in the literature toward an evidence-based method of improving these critical skills. This pilot study is evaluating the effectiveness of an intensive, 1:1 remedial teaching program that has been in place for more than 10 years. Videotaped student encounters and well-validated assessment tools will demonstrate whether this remediation results in improved performance.

PH2: Improving Students' High Stakes Performances With Remedial Intervention
Margaret Wilson, DO; Jeffrey Suzewits, DO, MPH; Michelle Colen, MD, Kirksville College of Osteopathic Medicine, Kirksville, MO
National high stake examinations are utilized to assess student competency in clinical skills and demonstrate the ability to perform history taking and physical examination. Although the pass rate of these examinations is typically high, a small percentage of students do fail to pass. This presentation will demonstrate an innovative intervention used to correct deficiencies and enhance performance in students who have failed. This remediation exercise has proven to have a 100% success rate in the 2 years since its implementation. Utilizing two required standardized patient encounters, faculty real-time review of performance, followed by immediate instructional feedback on the developed intervention has provided students with evaluation of deficiencies and areas requiring improvement. The model for this program will be shared.

PH3: Expectations of the Competencies of Entering Family Medicine Residents: Do Members of the Family Agree?
Sarah Swofford, MD, MSPH; Amanda Allmon, MD; Elizabeth Garrett, MD, MSPH; Kimberly Hoffman, PhD, University of Missouri, Columbia, MO
Family medicine clerkship directors have a long list of goals and objectives for their curricula. These are defined by many groups with particular accountability to the medical schools and the LCME. There has been increasing concern expressed by some family medicine program directors that entering residents are less well-prepared. Do our graduates arrive at the beginning of residency possessing all the key competenices our residency directors and department chairs expect them to have? What expectations do family medicine clerkship directors have for their medical school graduates? We will discuss results from a state-wide pilot survey of family medicine residency directors, department chairs, and clerkship directors that examines areas of overlap and gaps that exist between these three groups' expectations.

PH4: Back to SChooL (Student Centered Learning): Can We Guide Medical Students to Teach Themselves?
Teresa Kulie, MD; Jacob Prunuske, MD, MSPH; David Deci, MD, University of Wisconsin
Adult learning theory aims to develop lifelong, self-directed learning skills. Our study applies adult learning theory principles to medical student self-assessment and independent learning in the third year Primary Care Clerkship. The theory suggests that adults learn best when (1) they know why they need to learn something, (2) they can use self-directed learning, (3) the learning involves real-life situations (patients), and (4) the stimulus for learning is internal rather than external. In our study, intervention group students receive weekly e-mails with links to brief online self-assessment quizzes. Answers to the quiz questions trigger suggested links for further learning opportunities addressing areas of student knowledge deficit(s). Control group students receive usual teaching. We present preliminary data comparing end-of-rotation exam scores between groups.

PH5: Get Into Being the "pcp"—The Patient Continuity Project
Gary Rivard, DO, Central Maine Medical Center Family Medicine Residency Program, Turner, ME
This presentation will serve to highlight the value of early exposure to continuity of care in medical school education. Third-year medical students, mentored and supervised by third-year residents in a family medicine residency clinic, are assigned as "co-PCP" for two to three patients throughout their entire clerkship year. The students are expected to complete a series of "tasks" for "their" patients as well as schedule several continuity visits with each patient. At the conclusion of the experience, surveys will be completed to evaluate the utility of this concept to enhance medical student education, facilitate an enhanced teaching experience for senior residents, and, maybe most importantly, to provide true contextual care and afford those chosen continuity patients greater access and improved health care.

Room: Arboretum II

PEER PAPERS: SESSION I – Service Learning and Research

(Moderator: *John Delzell, MD, MSPH*)

PI1: Empathy Training for Medical Students in a Family Medicine Clerkship: Caring for the Underserved

Agatha Parks-Savage, EdD, LPC, RN, Eastern Virginia Medical School, Norfolk, VA; *Hannah Bayne, PhD, Old Dominion University, Norfolk, VA*; *Bruce Britton, MD*; *Christopher Bayne, Eastern Virginia Medical School, Norfolk, VA*

This research was funded by The Arnold P. Gold Foundation to evaluate the effectiveness of an Empathy Training Program on empathy development with third-year medical students during their family medicine clerkship. This research is important to medical students because of the need to address the concerns of underserved patients in a humanistic manner. The Program exposed medical students to the importance of empathic interaction, helped them develop empathy/communication skills, and provided students with an evaluation of current empathic levels along a developmental scale. This presentation will provide a suggested framework for similar empathy training programs, with a focus on a deliberate education model to enhance medical students' communication when working with the underserved patient population.

PI2: The "HOME Project": Homeless Outreach in Medical Education

Margaret Schaefer, Sabina Diehr, MD, Medical College of Wisconsin

The "HOME Project": Homeless Outreach in Medical Education is an innovative longitudinal curriculum that strives to match students' skills, passions, and need for learning with their desire to serve those in greatest need of health care. According to the (city) Continuum of Care in 2009, 1,660 people were homeless on any given night in our community. Such homeless individuals face many barriers to adequate health care and often neglect their own health due to the obstacles they face in meeting daily needs. The HOME Project is a student-centered and community-driven curriculum that provides an ideal opportunity for students to learn and to serve at any level in their training.

Room:

PI3: Artificial Neural Network-based Classification of Medical Students' Diagnostic Capability

Heidi Chumley, MD; *John Delzell Jr, MD, MSPH*; *Swapan Chakrabarti, PhD*, University of Kansas Medical Center, Kansas City, KS

Introduction: The assessment of diagnostic reasoning is challenging. Information-gathering patterns may predict correct and incorrect diagnoses. Methods: Two hundred third-year medical students completed a back pain case. A 22-item SP non-sequenced checklist was completed by the standardized patient. An observer completed the same checklist in a sequenced fashion. An artificial neural network was used to predict patterns that led to correct and incorrect diagnoses. Results: ANN using sequenced data classified 90% of correct diagnoses as correct and 85% of incorrect diagnoses as incorrect. The same ANN was able to classify 60% of correct and incorrect diagnoses with non-sequenced data. Conclusion: Sequencing data improved ANN's ability to predict correct and incorrect diagnoses.

PI4: Too Much of a Good Thing? Projects in a Family Medicine Clerkship

David Power, MD, MPH, University of Minnesota; Krista Skorupa, MD, University of Minnesota, East St John's Family Medicine Residency Program, St. Paul, MN

We have presented previously on a student project initiative to explore process of care issues during family medicine clerkship and at the same time allow students to debrief their experiences working in family medicine clinic. We have also had a well-established, graded evidence-based medicine project for several years and a separate ungraded project to allow students to reflect upon and share about a memorable patient encounter: the Significant Event Reflection. Now with three stand-alone projects in addition to other curriculum, we ran the risk of confusing students and creating the impression of too much work. In this session, we will explore the solution we arrived at to this problem with participants and review our progress while it is being implemented this year.

PI5: Depression Screening Among Non-English-speaking Patients

Julie Schirmer, LCSW, ACSW; *Dung Huynh; Peggy Cyr, MD, Maine Medical Center Family Medicine Residency, South Portland, ME*

This pilot project assessed (1) the level of depression screening among non-English speaking (NES) adults and (2) patient receptivity to depression screening using the PHQ-9 instrument. Methods: A medical student performed a chart review and interviewed available NES patients seen on a family medicine residency outpatient center over 9 half days during April 2010. Results: 29 charts were reviewed; 70% had no previous PHQ-9 screening or depression documentation. Screening interviews were conducted on 62%, with 39% screening positive for major depression. Factors that contributed to patient receptivity were identified. Implications: Depression screening of NES patients is needed and is possible. More than 20 validated translated versions of the PHQ-9 were located and placed on the hospital intranet system. A Vietnamese translation of the instrument was coordinated, approved, and disseminated.

Room: Arboretum III

FRIDAY, JANUARY 21

3:30–5 pm

SPECIAL SESSION

SS3: Strategies to Improve the Quality of Medical Education Research and Get It Published
Arch G. Mainous III PhD, Medical University of South Carolina
Many clinician educators have the opportunity to investigate the effectiveness of new teaching techniques or curriculum changes. Unfortunately, many of these new initiatives are not properly evaluated or are not published, a situation that limits the adoption of good, new ideas in the family medicine. This special session will help faculty members understand successful strategies to conduct medical education research. Further, individuals will come away with a better understanding of how to get their work published in peer-reviewed journals like Family Medicine.
Room: Mesquite

3:30-5:30 pm

WORKSHOPS

W1: A Collaborative Model for Integration of the Basic Sciences and Family Medicine
Nancy Havas, MD; *Joan Bedinghaus, MD*; *Stephanie Shaw; Deborah Simpson, PhD*, *Medical College of Wisconsin*
Current calls for restructuring medical education emphasize the collaborative integration of basic science and clinical medicine to be vertically integrated in all years of medical education. Family physicians are uniquely qualified to assume the role of collaborators with basic scientists given their breadth of practice and early contact with students. Team Based Learning (TBL) Modules highlight the higher levels of educational integration needed for mastery of clinical medicine and are ideally suited for the collaborative model between scientist and clinician. Participants in this workshop will be directed through a series of exercises to guide them through the process of developing a TBL curricular model. We will also discuss challenges to effective use of the TBL model and potential barriers that may exist.
Room: Dogwood

W2: Coordinating With FMCases: Meeting the Needs of the Clerkship
Jane Shaw, MS, *Alpert Medical School of Brown University/Memorial Hospital of Rhode Island*; *Shauni Goodwin*, *Erin Langille, Innovative Technology in Medical Education, Lebanon, NH*
As of July 2010, fmCASES, a network of virtual online patient cases covering the content of STFM's Family Medicine Curriculum, is available to clerkships. This session is intended to assist clerkship coordinators in maximizing the use of fmCASES in a clerkship through successful administration. For those using the cases (and those interested in using the cases), the presenters will provide a brief overview of the MedU Web site and a demonstration of the case features that help administrators better understand the student experience. The seminar will continue by demonstrating the Instructors' Area of the MedU Website offering detail on student case use, log data reports, and the administrative access available to subscribing institutions. Discussions will allow participants to share administrative needs and experiences with fmCASES.
Room: Arboretum V

W3: Teaching Shared Decision Making in the Third-year Clinical Clerkship
Cathleen Morrow, MD; *Virginia Reed, PhD*, *University of New Hampshire-Dartmouth Family Medicine Residency Program, Lebanon, NH; Laura Bozzuto, Jessie Reynolds, MD*, *Dartmouth Medical School*
Shared Decision Making (SDM) involves principles and communication skills for working with patients at the complex intersection of medical information and data and the preferences, values, and support system of individual patients facing medical decisions. We have developed a curriculum to enable third-year medical students to acquire SDM skills. SDM is integrated into the clerkship curriculum through experiential learning, simulated patient encounters, and case-based discussions to strengthen skill acquisition and reinforce values inherent in patient-centered care. We have acquired appreciation of the benefits and perils of teaching sophisticated communication precepts to students working on fundamentals of clinical work and are challenged by the subtleties of adapting SDM principles to primary care. Participants will experience aspects of our curriculum, review evaluation data, and discuss lessons learned.
Room: Arboretum IV

SATURDAY, JANUARY 22

9:30-11 am

SEMINARS

S3: Stop Memorizing and Think for a Minute! Reflective Practice for First- and Second-year Students
Kristen Goodell, MD; *Molly Cohen-Osher, MD*, *Tufts University Family Medicine Residency, Malden, MA*
Educators strive to develop higher-order thinking in medical students, and reflection is an established way to do this. In 2010, we launched our new Competency-based Apprenticeship in Primary care (CAP) for first- and second-year medical students. CAP students complete reflective writing exercises to learn how to reflect for educational purposes and to understand reflection as a learning modality. The goal of this exercise is to encourage our students to think differently—analytically and creatively—and to foster more self-directed adult learners. In this session, participants will attempt one of our assignments and will discuss benefits of reflection for learners. We will share data from our course including examples of student work, our success in teaching students to write reflectively, and student evaluations.
Room: Dogwood

S4: Violence, Abuse, Trauma, Patient Health, and Treatment: A Major Medical Breakthrough
Julie Schirmer, LCSW, ACSW, *Maine Medical Center Family Medicine Residency, Portland, ME; Cathy Plourde, MA*, *Add Verb Productions, Portland, ME; Peggy Cyr, MD*, *Maine Medical Center Family Medicine Residency, Portland, ME; Martha Seagrave, PA-C*; *Candace Fraser, MD*, *University of Vermont*
A major medical breakthrough is a 40-minute interactive performance that focuses on the health care sector's currently underutilized role in violence intervention and prevention. Along with the performance, this presentation provides strategies and best practices for overcoming personal, societal, and systemic barriers to addressing interpersonal and sexual violence in medical education and practice. The performance is currently being implemented at two medical schools. It meets national medical school learning objectives and provides resources and strategies for improving policies, protocols, and procedures on every level of the health care system, beginning by providing medical students with (1) vital information on interpersonal violence and (2) a means of overcoming normal obstacles to address violence, abuse, and trauma in the lives of patients.
Room: Mesquite

S5: [CANCELED]

SATURDAY, JANUARY 22

9:30-11 am

LECTURE-DISCUSSIONS

L10A: Defining Professionalism in a Social Media World
Allison Macerollo, MD; Jane Goleman, MD; Michael Langan, MD; Douglas Post, PhD; Stevie Dreher, Ohio State University College of Medicine
Professionalism is sometimes considered an inherent trait rather than a learned behavior, but recent literature refutes this fact. It is clear that our students are exposed to lapses in professionalism by fellow students or others in the medical community early in their medical school careers. Because of this issue at our institution we strive to introduce the concept of professionalism from day one of medical school. In this session we will demonstrate using social media in a seminar setting to make professionalism issues relevant from the beginning of the preclinical years. Members of the Honors and Professionalism Council at our school worked with faculty to develop this teaching tool, and it has been taught in small-group sessions with great success.

L10B: Measuring the Medical School Learning Environment: A Link to Professionalism?
Susan Skochelak, MD, MPH, American Medical Association, Chicago; Thomas Hansen, MD; Kathryn Huggett, PhD, Creighton University School of Medicine
Attitudes and values are formed in medical school that can shape students' professional identity. Measuring the learning environment and its influence on professionalism is a new LCME accreditation standard. A multi-school research collaborative has developed a protocol to measure variables related to the medical student learning environment. Five measurement scales have been selected for this longitudinal cohort study. This presentation will review the current literature on the medical school learning environment and professionalism. Existing tools used to measure empathy, coping skills, tolerance of ambiguity, physician-patient orientation, and the learning environment will be reviewed. Discussion will include the benefits and drawbacks of using existing measurement scales to assess the learning environment and strategies that participants' schools are using to meet the new LCME standard.
Room: Magnolia

L11A: A Scoop of Prevention: Empowering Students to Engage Patients
Lisa Maxwell, MD; Mary Stephens, MD, MPH; Margot Savoy, MD, MPH; Christiana Care Medical Center of Delaware, Wilmington, DE
Wondering how to provide medical students hands-on health promotion and prevention skills without sacrificing patient care? For more than a year, family medicine clerkship students in our residency practice have participated in a new curriculum designed to engage students in active patient care and empower them to intervene in patients who are missing age-appropriate prevention recommendations. SCOOP (Student COordinator Of Prevention) combines classroom and practice-based learning. Students participate in didactic lecture sessions with interactive case-based exercises focused on evidence-based prevention guidelines and motivational interviewing patient counseling skills. Students apply their knowledge and skills using a prevention-focused chart audit to appropriately counsel patients as they arrive for their scheduled appointments. Our presentation will include an interactive discussion including curriculum overview, tool demonstration, and evaluation methods/results.

L11B: Accessible, Educational, High-quality Global Health Care: Lessons Learned From a Medical Mission Trip
Jordan White, MD; Ciaran DellaFera; University of Massachusetts Medical Center, Worcester; Vincent Miccio Jr, University of Massachusetts Medical School, Worcester
International experiences for medical students are associated with positive outcomes including improved compassion, knowledge, and skills; if these experiences are thoughtfully planned, patients in the host country also benefit. Multiple authors have recommended more international training opportunities and research into the benefits of these experiences for students and the populations they serve. A group of preclinical medical students and nursing students recently returned from their fifth 1-week interdisciplinary trip to work with migrant workers in a developing country. Our presentation will highlight the points that make even a short trip such as this a success; we will also discuss our plans to develop an elective that will contribute to medical student education and provide a model for sustainable, responsible, high-quality health care in this community.
Room: Sandalwood

PEER PAPERS: SESSION J – Curriculum Development (Moderator: *Julie Robbs, MA*)

PJ1: A New Curriuclum to Teach Systems-based Practice to Fourth-year Medical Students
Anne Mounsey, MD; *Lisa Slatt, MEd*, *University of North Carolina*
Graduating medical students identified a need for more curricular time to be devoted to teaching systems-based practice so a new curriculum was introduced into a fourth-year advanced practice selective. The curriculum comprises a core day of lectures and a Web-based component of 10 modules that cover teamwork, health insurance, health systems, transitions of care, chronic care, advocacy, health care costs, pay for performance, patient safety, and the Patient-centered Medical Home. The modules contain readings and activities that the students complete. This year the curriculum will contain a new element based on health reform that involves team-based learning. The curriculum has been in place for 1 year and has had high evaluations from the students.

PJ2: Teaching Students About US Health Systems and Health Reform Using International Health Comparisons
Ryan Palmer, MFA; *Lisa Dodson, MD*; *John Heintzman, MD, MPH*; *Joe Ichter, DrPH, MHA*, *Oregon Health & Science University*
Established medical education curricula leave little time for students to learn about health care systems, socioeconomic determinants of health and how these tie to patient outcomes, quality of care, and health reform. To bridge this gap, one institution has established a 5-week, 10-hour topic thread in a core, second-year clinical education course, practically addressing these subjects. The intent of the curriculum is to permit educated questioning and evaluation of the entrenched health system practice. Faculty use expert-led didactics followed by small-group sessions and student-led international health systems comparison exercises. Pre- and post-student surveys of health system understanding showed substantial improvements in self-assessed knowledge across all topic areas.

PJ3: Building Family Medicine Education in Asia: Starting a Clerkship From Scratch
Mari Egan, MD, MHPE; *Sarah-Anne Schumann, MD*; *Mark Potter, MD*; *Ivy Morgan, BA*, *University of Chicago/Pritzker School of Medicine*
A government University Health Sciences Center in Asia invited the family medicine faculty at a US School of Medicine to serve as advisors for a medical education reform effort. Among the issues to be addressed was the lack of medical education in community and family medicine. Together, faculty from both institutions developed what may become a model outpatient clerkship in family medicine for the national reform effort. Need assessments and surveys were conducted in the outpatient teaching clinic and its community service area to assess practices and the skills of community doctors. Faculty development on case-based learning and outpatient clinical teaching were given to both University faculty and the community clinic preceptors. We will present our experiences, the survey analysis, and the clerkship curriculum.

PJ4: Meaningful Innovation or Rearranging Deck Chairs? Comparing Three Different Formats for a Family Medicine Clerkship
Margo Vener, MD, MPH; *Margaret Wheeler, MD*; *William Shore, MD*; *Arianne Teherani, PhD*; *Maria Wamsley, MD*, *University of California, San Francisco*
Our institution requires that third-year students complete a family medicine clerkship in one of three models—a traditional block rotation, a longitudinal rotation, or a longitudinal-integrated clinical model. We evaluated qualitative and quantitative data from 2008-2010 to assess which model provided the most optimal learning environment for family medicine. Our results revealed very minimal academic differences in clinical skills or professionalism between students in all three models. However, students in either longitudinal model were more likely to describe continuity relationships with patients and having preceptors as role models as highlights of their clerkship experience and strong positive influences on their medical education. For the 2008-2009 year, students in the longitudinal model had a significantly higher rate of matching into family medicine than other students.

PJ5: Enlace Project: Developing and Implementing an Innovative 4-year Longitudinal Hispanic/Latino Global Health Curriculum
Scott Renshaw, MD; *Javier Sevilla, MD*; *Jennifer Custer; Jennifer Burba; Tonya Shelton; Richard Kiovsky, MD*, *Indiana University*
In response to medical students' increasing interest in global health and caring for diverse populations, the ENLACE Project developed and implemented a 4-year longitudinal curriculum to better prepare medical students to care for the Hispanic/Latino community. The ENLACE Project's innovative curriculum includes a variety of preclinical, clinical, and service learning experiences that occur both locally and internationally throughout the 4-year medical continuum. Presenters will provide an overview of the ENLACE Project emphasizing medical education curricular components. The international Famiily Medicine Clerkship experience will be discussed in detail including student selection, student evaluation, preceptor development, program evaluation, and equivalence of educational outcomes.

Room: Arboretum I

SATURDAY, JANUARY 22

9:30-11 am

PEER PAPERS: SESSION K – OSCE/Standardized Patients (Moderator: *Carol Hustedde, PhD*)

PK1: A Third-year Capstone OSCE to Assess Patient Centeredness
Melissa Griggs, PhD; Kimberly Hoffman, PhD; Elizabeth Garrett, MD, MSPH; Caroline Kerber, MD, University of Missouri-Columbia
Partnering with patients is an important component of the Patient-centered Medical Home. Some of the requisite competencies such as knowledge and problem solving are more readily assessed by traditional testing, while others such as communication and collaboration can provide assessment challenges. As educators, how do we ensure that our learners are developing the necessary skills and attitudes for delivering patient-centered care? We will share our experience in developing an Objective Structured Clinical Examination (OSCE) designed to assess patient centeredness of third-year medical students.

PK2: Development and Implementation of a Disability-related OSCE
Andrew Symons, MD, MS; Denise McGuigan, MSEd; Thomas Suchy; Pam Coniglio, SUNY, Buffalo
Medical students and practicing physicians have expressed lack of comfort working with patients with disabilities. Lack of exposure during training has been identified as a contributing factor. While some medical schools address caring for patients with disabilities in their curricula, a structured assessment of student competencies in history taking, physical exam, and professionalism must also be incorporated to assess the effectiveness of these programs and help guide their development. We implemented a "Disability Related Clinical Exam" for second-year medical students, which included a lecture and an objective standardized clinical exam (OSCE). Individuals with disabilities and their aides were trained as standardized patients for this encounter. We will present elements of the curriculum, including case development, training of standardized patients, and implementation and evaluation.

PK3: The Use of Clinical Cases in Medical Student Education
Robert Ellis, MD; Reid Hartmann, MD, University of Cincinnati
Medical educators are often faced with trying to teach medical students on the latest recommendations in an ever-increasing crunch of time. Further, there is often a gap between faculty and community physician patient management practices. Community physicians may also be less receptive to learning from faculty physicians in the standard CME format. To address these challenges, we created clinical case studies to promote a collaborative environment to share medical knowledge in an interesting and interactive manner to improve medical student education. This presentation will demonstrate how a well designed patient case study can be utilized to teach timely and evidence-based material to medical students as well as our community preceptors.

PK4: Debriefing After the Standardized Patient Encounter: Teaching Third-year Medical Students the Four Habits Model
Jana Zaudke, MD; Hannah Maxfield, MD, University of Kansas Medical Center, Kansas City, KS
Background: One method of teaching patient-centered interviewing skills is the Four Habits Model, which includes: (1) Invest in the beginning, (2) Elicit the patient's perspective, (3) Demonstrate empathy, and (4) Invest in the end. A study at our institution is currently evaluating the use of a Web-based intervention. Main Objective: To investigate the efficacy of teaching the Four Habits during a one-on-one debriefing session after a standardized patient encounter. Design: Prospective study with intervention and control groups. Results: We expect that the Eliciting the Patient's Perspective (EPP) scores will be significantly different for the intervention group compared to the control. Conclusion: Students will be more likely to integrate patient-centered interviewing when teaching is done in the context of debriefing after a standardized patient encounter.

PK5: Training Standard Patients in Physical Exam Skills
Margaret Wilson, DO; Melanie Wagner, MA; David Patterson, MEd, Kirksville College of Osteopathic Medicine, Kirksville, MO
Standardized patients have been used in medical education for a number of years now for high stake examinations. Most medical schools have standardized patient (SP) encounters throughout the curriculum to prepare students for these high-stakes performances. Accurate and consistent SP assessment of physical exam skills is critical for preparing students to perform in these settings and assuring accurate assessment. The presentation will describe how a program was developed to train SPs to improve accuracy in assessment of physical exam skills. Methods for training will be demonstrated, including skills labs using objectives similar to those used for student learning, SPs performing basic skills on each other, and an assessment of their ability to perform exam skills in a test setting.

Room: Arboretum II

PEER PAPERS: SESSION L – Special Projects (Moderator: *Melly Goodell, MD*)

PL1: Design of a Women's Health Elective for Fourth-year Medical Students
Beena Jani, MD; *Heather Paladine, MD*; *Brooke Ballantine, Columbia University*
Family physicians provide a significant percentage of maternity care and office-based women's health care. We surveyed a national sample of medical students who are applying to our family medicine residency about women's health knowledge and interest, including specific topics and procedures. We will share this knowledge with the audience and discuss how the results can be used to plan future fourth-year medical student electives and gain knowledge on identification of trends in women's health.

PL2: The Helix Project: Hosting Electronic Encounters for Learning and Interprofessional Experience
Barbara Ferrell, PhD; *Jennifer Raley, MD*; *Victor Sierpina, MD*, *University of Texas Medical Branch at Galveston*
The art of writing progress and SOAP notes is rapidly morphing with the wide-scale use of electronic medical records as medical students have limited access to these in many institutions. We plan to present the results of a needs assessment for implementation of a rigorous curriculum in the use of the electronic medical record (EMR) for students across the 4 years of medical school. Further, we will brainstorm with attendees the ideas and issues they with utilizing the EMR including but not limited to such issues as the Medical Home, using it as a platform for problem-based cases, for learning clinical pharmacology and checking drug interactions, for prioritizing problems and making clinical decisions, and even in prompting history and physical examination training through drop-down menus.

PL3: Smiles for Life: An Interprofessional Oral Health Elective
Wanda Gonsalves, MD, *Medical University of South Carolina*
Early childhood caries (ECC) is the most common chronic disease of childhood, five times more common than asthma, characterized by the destruction of tooth enamel caused by acids generated by the bacteria strep mutans in the presence of dietary sugars. ECC has a wide range of adverse effects on children, including pain, impaired chewing and nutrition, school absence, caries in permanent teeth, and serious secondary infections including dental abscesses and facial cellulitis. ECC is preventable with good oral hygiene, dietary modification, and fluoride. The AAMC has recommended that oral health education be included into medical education. This session will discuss a new oral health service learning elective utilizing "Smiles for Life," a national oral health curriculum and its impact on students and the community.

PL4: Do Osteopathic Students Feel They Maintain Their Unique Identity in a Dually Accredited System?
Ronald Januchowski, DO; *Adrienne Ables, PharmD*, *Spartanburg Family Medicine Residency, Spartanburg, SC*
Maintaining a unique osteopathic professional identity during the years of clinical training for students has been difficult given limited DO preceptors, time constraints, and the hesitancy of some MD preceptors to embrace osteopathic tenets as well as manual medicine. Our objective was to delineate the students' feelings about sustaining their osteopathic uniqueness and the ability of a "dually accredited" system to meet these students' needs. We did a prospective qualitative study in which clinical osteopathic medical students participated in monthly focus groups. Osteopathic medical students do feel that they maintain their unique identity while training in a dually accredited system that fosters teamwork and a receptive learning environment. Optimally, MD preceptors should be knowledgeable and comfortable with manipulative medicine for enhanced learning.

PL5: Taking a STEP Toward Patient Safety in Medical Student Education
Nancy Havas, MD; *Paul Koch, MD*; *Douglas Bower, MD*, *Medical College of Wisconsin; David Klehm, MD*, *St. Michael Family Practice, Milwaukee, WI; Deborah Simpson, PhD*, *Medical College of Wisconsin*
Care transitions create numerous opportunities for medical errors and compromised care. Improving care transitions to and from the primary care medical home is critical to improving care quality. We created a 2-hour workshop to teach 200 third-year medical students about the importance of and communication processes for safe transitions. The interactive workshop emphasized the student role in ensuring safe transitions early in their clinical career through application of a standardized method for communicating patient information. This session describes our multi-method approach including group presentation, critical incidents, and faculty-facilitated small-group discussions with application exercises to deliberatively practice a primary care-oriented transitions mnemonic for sender and receiver communications. Comparative evaluation results and resources for interested participants will be discussed.

Room: Arboretum III

SATURDAY, JANUARY 22

9:30-11 am

SPECIAL SESSIONS

SS4: Educational Grant Writing 101
Alison Dobbie, MD, University of Texas Southwestern Family Practice, Dallas, TX; James Tysinger, PhD, University of Texas Health Science Center, San Antonio
Grant writing is important for clinician educators for several reasons. Grant awards can enhance personal career satisfaction while funding educational and/or research ideas that advance family medicine as a discipline. In many institutions, grant awards are important for promotion and tenure. Yet, many faculty lack confidence in their ability to write grants. In this introductory grant-writing session, participants will describe four steps to successful grant writing, identify one idea for an educational grant application, and write a grant outline in 60 minutes.
Room: Arboretum IV

SS8: The Family Medicine Clerkship Curriculum Implementation Project: Making It All It Can Be
Heidi Chumley, MD, University of Kansas Medical Center, Kansas City, KS; Patricia Carney, PhD, Oregon Health & Science University; Susan Cochella, MD, University of Utah; Betsy Garrett, MD, University of Missouri-Columbia; Gary LeRoy, MD, Miami Valley Hospital Family Medicine Residency, Dayton, OH; Christine Matson, MD, Eastern Virginia Medical School; David Steele, PhD, Texas Tech University Health Science Center, El Paso; Beat Steiner, MD, University of North Carolina; Katie Margo, MD, University of Pennsylvania
In August 2009, the National Family Medicine Clerkship Curriculum was completed after a year of work, discussions, and revisions with many members of the Family Medicine family. We defined what was in the national curriculum. However, this document did not address how to implement or evaluation the curriculum. A second task force was formed in August, 2010 to define the best practices for implementing and evaluating the curriculum. The task force has done some preliminary work; however, in order to make this a useful document, we need your ideas and feedback. During this interactive session, participants will review work done to date, advise the committee on usability, and discuss strategies for continued input during the development phase.
Room: Cottonwood

SATURDAY, JANUARY 22

11:15 am-12:45 pm

SYMPOSIUM

SY3: The Medical Home Is in the Community! Community Projects Start-up to Sustainability
John Brill, MD, MPH, University of Wisconsin Fox Valley Family Medicine Residency, Milwaukee; William Shore, MD, University of California, San Francisco; Katherine Margo, MD, University of Pennsylvania; Donna Roberts, MD, University of Louisville; Marjorie Stearns, MA, MPH, University of Wisconsin; Paul Paulman, MD, University of Nebraska Medical Center, Omaha, NE; Jennifer Purcell, PhD, Albert Einstein College of Medicine, Bronx, NY
Increasing population diversity and health disparities and the health care reform agenda point to the necessity for training medical students with skills beyond those for taking care of the individual patient. The medical home is in the community, and students must learn how to apply health promotion knowledge there too! Community projects offer valuable experiential learning in population health. Data on the prevalence and types of clerkship-based community projects from a recent clerkship directors' survey will be presented. Presenters from six institutions will discuss the "nuts and bolts" of engaging students in the community. A Community Project Manual will be shared and strategies for creating and assessing the value of these projects discussed.
Room: Dogwood

LECTURE-DISCUSSIONS

L12A: Change We Can Believe in: Incorporating ACGME Competencies Into a Bipartisan Family Medicine–Surgery Clerkship

Charmaine Martin, MD; Kathryn Horn, MD; Susan Mclean, MD, Paul L. Foster School of Medicine-Texas Tech University Health Science Center, El Paso

It has been proposed that medical students need to meet certain competencies to be prepared to enter residency training. More schools are using the ACGME competencies as a framework for their undergraduate education. The Family Medicine Curriculum Resource Project ("Family Medicine Curriculum Resource Project: The Future"; Fam Med 2007; 39(1):53-6) described the need to implement ACGME competencies in the undergraduate medical curriculum. We present a new type of clerkship in which family medicine and surgery have been matched together to accomplish these goals. They will share teaching through a 16-week block of time. Upon completion, attendees will describe components of the integrated clerkship and discuss barriers to implementation and how to overcome them. Finally, attendees will propose evaluation strategies for students and the curriculum.

L12B: Family Medicine Accelerated Track (f-mat): A Novel Program to Reduce Shortages in Primary Care

Betsy Jones, EdD; Mike Ragain, MD, MSEd; Ronald Cook, DO, MBA; Kim Peck, MD; Fiona Prabhu, MD; Jamie Haynes, MD; Steven Berk, MD; Simon Williams, PhD, Texas Tech University Family Practice, Lubbock, TX

Our institution has embarked on a plan to develop, implement, and assess a 3-year accelerated medical school curriculum that culminates in the MD degree and will prepare students for a standard 3-year family medicine residency. This program, which has been approved by the LCME for launch in 2010-2011, will offer students a seamless transition between their predoctoral and residency training settings and curricula. It will modify and accelerate the standard 4-year predoctoral curriculum through the development of new curricular experiences, with extensive mentoring and evaluation, for completion in 3 years. Participants in this session will be able to describe the program, list the steps involved in its planning and approval, evaluate its likely impact, and offer input, advice, and collaboration on this and similar innovations.

Room: Arboretum V

L13A: Using Simulation to Teach Professionalism to Medical Students: A Model

Eron Manusov, MD; Stephen Quintero, MD, Florida State University

The use of simulation has found a strong foothold in medical education and is used to access learner clinical and communication skills while eliminating the fear of harm to patients. Simulation, however, has not been used to a great extent to teach complex social and behavioral concepts such as cultural humility, empathy, and professionalism. This presentation is a 90-minute didactic and experiential opportunity to describe the use of large-group lecture, small-group discussion, media, reflective writing, and simulation to teach professionalism to medical students. Participants will receive background information, an example of a simulation scenario, and then develop a scenario to demonstrate seven behaviors relevant to professionalism. The final 30 minutes will be dedicated to presenting scenario ideas with feedback from the presenters.

L13B: Student Professionalism: What Would You Do?

Kaparaboyna Kumar, MD; James Tysinger, PhD; Maria Munoz, MD, University of Texas Health Science Center, San Antonio

The LCME's Standard MS-31, which went into effect July 1, 2008, mandates that professional behavior be taught and evaluated in undergraduate medical education. Thus, professionalism is a core competency that students must master. Breaches of professionalism are rare, but they consume a great deal of faculty time when they occur. In this session, we will define professionalism, briefly review the literature on professionalism and the consequences of unprofessional behavior, share a professionalism evaluation form used in our courses, and present three cases in which students behaved unprofessionally. Participants will identify the issue in each case, propose ways to deal with the undesired behavior, and share their views about unprofessional behavior among students. The outcome of each case of unprofessional behavior will be presented.

Room: Magnolia

SATURDAY, JANUARY 22

11:15 am-12:45 pm

L14A: The "Hidden Curriculum" and Its Relevance to Medical Education
Jana Zaudke, MD; John Delzell Jr, MD, MSPH; Heidi Chumley, MD, University of Kansas Medical Center, Kansas City, KS
Context: The "hidden curriculum" is defined as the ways in which knowledge is constructed outside the classroom. Under its influence, medical students may form biases that impact care of vulnerable populations and diminish interest in primary care. Main Objective: Define the "hidden curriculum" and its relevance to medical education. Design: Lecture/discussion. Results: The hidden curriculum is a socializing force within medical education. The values set forward in the formal setting may be at odds with the hidden curriculum. Recent curricular interventions have focused on adjusting the structure of the third-year clerkship to preserve patient centeredness. Conclusion: Medical students are influenced by an institution's hidden curriculum. Hidden messages can form biases that affect care of vulnerable populations and diminish interest in primary care.
L14B: Teaching Medical Students Communication Skills and Professionalism Utilizing the Wisdom of Margaret Edson's Wit
Peter Lewis, MD, Pennsylvania State University
The Medical humanities serve a vital role in medical student education. Margaret Edson's poignant play "Wit," concerning one woman's near solitary struggle against advanced ovarian cancer while confined to a largely uncaring teaching hospital contains countless opportunities for teaching medical students (as well as other health professions learners) about patient-centered communication and professionalism. The related film adaption of Edson's inspired play by Mike Nichols is a similarly valuable medical education resource. Topics to be viewed through Edson's poetry and prose and Nichols' insightful lens include Doctor-Patient Relationship, Informed Consent/Decision-Making, Suffering, Research Ethics, Autonomy Versus Paternalism, Sexual History, Advanced Directives, and End-of-Life Care. Opportunities to utilize the wisdom of "Wit" in a variety of medical student education settings and stages will be presented.
Room: Sandalwood

PEER PAPERS: SESSION M – Humanities, Values, and Generating Interest in Primary Care
(Moderator: *David Steele, PhD*)

PM1: Priming the Pipeline: Engaging Pre-meds in the Care of the Underserved
Scott Renshaw, MD; *Deanna Willis, MD, MBA*; *DeLee Andrea, University of Indiana*
Shortages of primary care providers cause severe problems in rural and socioeconomically challenged neighborhoods across the country. Decreasing interest in family medicine threatens to exacerbate this paucity. Engaging undergraduate students in service learning has demonstrated improved lifelong commitment to community service. Collaborating with local undergraduate academic institutions, Area Health Education Centers, county safety net hospitals, and medical schools, we created an opportunity to place undergraduate pre-medical students in a service learning course located in medically underserved community health centers. Careful evaluation revealed that our program increased exposure to primary care of the medically underserved as a career option and stimulated interest in providing health care for underserved populations. This session will review our pedagogy and curriculum, demonstrating how other predoctoral faculty may consider replicating our model.
PM2: Medical Humanities Integration in a Traditional Medical School Curriculum
Nancy Havas, MD; *Adam Blackwell, Medical College of Wisconsin*
Medical education has a tightly structured curriculum, focused on mastery of clinical sciences and skills, though recent years have shown increased focus on issues of professionalism and communications consistent with the ACGME mandates for competency in residency education. Studies show that much student learning about professionalism, attitudes toward patients and colleagues, and empathy occurs in informal interactions between teacher and learner rather than formal medical student curriculum (Hafferty, 1994). This pilot humanities curriculum was developed through the Department of Family and Community Medicine to integrate the medical humanities in a deliberate context, building upon student-faculty interactions to enhance to role modeling as physicians. The program was highly rated by students. This session will describe the rationale, integrated model, challenges, and outcomes of the pilot program.

(Continued on next page…)

PM3: Making the Most Out of Summer Preceptorships
Michelle Colen, MD, *Kirksville College of Osteopathic Medicine, Kirksville, MO*
Summer preceptorships traditionally have provided first-year students with experiential learning on performing a history and physical while providing a brief glimpse into the day to day life of a physician. Students seek to get the diagnosis, to come up with a management plan, and to memorize their preceptor's plan for use with a later patient. However, we know that primary care involves much more than just coming up with a diagnosis. By adding a few small assignments, we have not only increased student awareness for issues such as evidence-based medicine, patient safety, dental care, and cultural sensitivity but also increased student knowledge about the deficiencies needing correction in the present health care system, specifically with regard to oral health care.
PM4: Medical Student Deformation: The Repression of Personal Values and Attributes in Medical Education
Michael Rabow, MD; *Carrie Evans; Rachel Remen, MD*, *University of California, San Francisco*
Introduction: Medical students gain professional competence but also may be at risk for harm. Methods: Qualitative and quantitative analysis of words submitted by Healer's Art elective students nationally and internationally that described a part of themselves that they are wary about showing or actually do not let show in medical school. Results: Words from 673 students from 31 medical schools were catalogued into 11 themes. The most common themes were Spirituality, Emotional Engagement, Identity, Freedom/Spontaneity, and Relationships. The most common words submitted were "Creativity," "Family," "Balance," "Freedom," "Love," and "Peace." There were only rare differences in distributions of themes across gender, year in school, school size, or nationality. CONCLUSIONS Students identify core issues that they may repress or feel unable to sustain in medical training.
Room: Arboretum I

PEER PAPERS: SESSION N – Teaching and Evaluation (Moderator: *Deborah Clements, MD*)

PN1: Teaching and Evaluating the Follow-up Visit: A Two-staged Patient Simulation
Carol Motley, MD; *Ehab Molokhia, MD*, *University of South Alabama*
Outpatient management of chronic disease, especially multiple disease process, requires integration of not only basic clinical skills but knowledge of preventive care and being adept at motivating patients toward lifestyle modification. This session will present a teaching and assessment mechanism through a two-staged patient simulation scenario. The student has an initial visit with a simulated patient that they see again for a follow-up visit at the end of their 6-week clerkship. At the second "office visit" the student is provided with the patient's chart and their initial progress note. Tools to assess the student include evaluation of clinical skills, interview skills, and patient impression. This session will discuss components of chronic disease management and ways to translate to and then evaluate student proficiency.
PN2: Videoconference as a Teaching Method in the Clinical Clerkship
Jessie Reynolds, MD; *Cathleen Morrow, MD*; *Virginia Reed, PhD*, *University of New Hampshire-Dartmouth Family Medicine Residency Program, Lebanon, NH*
The 7-week family medicine clerkship at our medical school distributes students to more than 30 clinical teaching sites across the nation. Given directives from the LCME to medical schools to show curricular consistency across sites, as well as our own concerns about meeting the learning needs of students paced at both distant and local clinical teaching sites, we have redesigned the curriculum to incorporate Web-based videoconferencing as one of the primary means of instruction. Our teaching methods have evolved over the last 2 years as we respond to student feedback and optimize our use of Web-based learning. Our current approach attempts to maximize interactive learning within the limitations of Web-based videoconference technology.
PN3: Peer Teaching: Understanding the Characteristics of the Peer Teacher
Joyce Afran, MD, *UMDNJ-RWJ Medical School, Piscataway, NJ*
Many institutions are integrating peer or near-peer teaching within their curricula. While these programs vary significantly from one institution to the next, the reasons why these programs are successful are likely very similar across institutions. A near-peer teaching program was formally instituted at this institution in 2009-2010. Data from student surveys are available that enhance our understanding of the factors making this program successful. This presentation will focus on the evaluation data obtained after 1 year and specifically on the characteristics of peer teachers cited by learners at this institution. Participants will have the opportunity to share information about peer teaching experiences at their own institutions and reflect on ways of taking full advantage of the positive features of the peer learning relationship.

(Continued on next page…)

SATURDAY, JANUARY 22

11:15 am-12:45 pm

PN4: Coffee Talks: A Novel Approach to Teaching Evidence-based Medicine and Higher Order Thinking
Todd Felix, MD, *Pennsylvania State University*; *F. Samuel Faber, MD*; *David Richard, MD*, *Pennsylvania State University*
An accepted definition of evidence-based medicine is integrating clinical expertise with the best available external clinical evidence from systematic research. Developing the knowledge and skills to interpret medical data and apply this to clinical scenarios is an invaluable tool for students. Our novel approach was to establish a case-based conference for third-year students to (1) Promote higher order thinking skills by faculty-led discussions of the cases and formulating a working differential that is assessed and modified after each segment of the presentation and (2) Identify key clinical questions that arise during the discussion and perform an evidence-based review of that question. Our preliminary findings indicate a high interest in this method of teaching EBM, both by faculty and students.

PN5: Communication Skills and Team-based Learning: Raising the Bar on Role-plays
Kayleen Papin, MD; *Douglas Bower, MD*; *Karen Nelson, MD*, Medical College of Wisconsin; *David Klehm, MD*, *St. Michael Family Practice, Milwaukee, WI*
Our family medicine clerkship adopted a team-based learning (TBL) method for classroom teaching in July 2007. Our TBL application exercises emphasize problem solving and skill development, including higher-level communication skills. The topics include socioeconomic status, health literacy, cultural competency, and motivational interviewing. The application exercise for each topic includes preparatory reading, a mini-lecture, and role-play. To add educational value to role-plays, students work in teams to create a short video clip demonstrating each communication skill. These application exercises encourage students to expand their thinking, attitudes, and engagement around these skills. The video clips are critiqued within the team and then shared with the large group for further discussion of the topic. Each student completes a communication skills' OSCE at the end of the clerkship.
Room: Arboretum II

PEER PAPERS: SESSION O – Professionalism (Moderator: *Christine Jerpbak, MD*)

PO1: Do Students Lie in Post-encounter Notes?
Anne Walling, MB, ChB; Scott Moser, MD; Gretchen Dickson, MD, University of Kansas School of Medicine, Wichita, KS
During a high-stakes clinical examination, if students report information in a post-encounter note that was not obtained during the patient encounter, the student is often suspected of serious professional misconduct, ie, both falsification of patient data and potentially cheating on an examination. We investigated every detected incident of false reporting during our high-stakes CSA at the end of the third year. Of 73 alleged incidents, all but four could be attributed to non-student factors. Those four remaining incidents of over-reporting were more compatible with mistakes than deliberate falsification. The impact of correcting technical factors during the 2010 CSA will be reported. Institutions should be extremely confident in the integrity of the examination process before attributing overreporting incidents to deliberate falsification by students.

PO2: On Camera: Professionalism and Communication Skills Come Alive Through Group Video Review of Clinical Encounters
Erika Schillinger, MD, Stanford University; Margo Vener, MD, MPH, University of California, San Francisco; Eva Weinlander, MD; StaRika Bajra, MD; Tracy Rydel, MD, Stanford University
Feedback on video-recorded clinical encounters is a useful way to enhance professionalism and interpersonal and communication skills among medical students. This method is becoming increasingly common but is still not widely implemented in medical education, in part because of the constraints of limited faculty time. Group review is more cost- effective, and students appreciate the value of peer feedback. We piloted two variations on the theme of group video review, with subsequent small-group feedback from peers and preceptors: one with standardized patient exams and the other with actual patient encounters. This model proved an effective and efficient means of modeling professional skills, providing feedback, and stimulating discussion of common professional issues.

(Continued on next page…)

PO3: Defining and Assessing Medical Students' Professionalism: One School's Journey
Elizabeth Garrett, MD, MSPH; Kimberly Hoffman, PhD; Caroline Kerber, MD; Melissa Griggs, PhD, University of Missouri-Columbia
Professionalism is an inherent value for physicians. There is no argument as to the importance of professionalism among physicians, educators, or the public. In the past it has too often been assumed that this development was a natural outcome of medical education; however, the literature and numerous national panels have challenged this assumption and underscored the importance of making attention to professional development explicit during medical school. Developing a functional definition and measurement strategies applicable to medical students remain elusive. We will share one medical school's ongoing journey to define and assess professionalism in its students. This will include descriptions of strategies in each year of the curriculum
PO4: Pivotal Events: The Good and Bad Role Models in Our Practices
Frank Domino, MD; Mary Lindholm, MD; Mark Quirk, EdD; Robert Baldor, MD, University of Massachusetts Medical Center, Worcester
During the third-year family medicine clerkship, students are required to document two "pivotal events," one about a positive experience they would aspire to the same behavior in their future. The other is about a negative event the student would hope to not replicate in their future. Students are asked to state: what happened (maximum: five sentences), who was involved, what each might say about the experience, and what they learned from the interaction. Three years of data are being culled and classified by the event subject, time in the academic year, sophistication of the insight expressed, and degree of metacognition used. Results will be assessed and presented for discussion.
PO5: Impact of the Undergraduate Medical Education Curriculum on Student Professional Development
Patricia Sexton, DHEd; John George, PhD, Kirksville College of Osteopathic Medicine, Kirksville, MO
Medical school consists of a grueling curriculum filled with basic science and clinical concepts. It is, however, difficult to quantify the effect of the experience of medical school on moral development. Using the Defining Issues Test, a single class of medical students was followed for 3 consecutive years. This tool measures student moral development focusing on aspects of professionalism such as cynicism, personal interest, rule orientation, and post-conventional moral reasoning abilities. Consistently, in year two, personal interest scores rose significantly while post-conventional reasoning fell. Cynicism rose and reached its highest level in year three within this sample. This indicates that the experience of medical school has a negative effect on professional development. This work should initiate interventions, curricular or otherwise, to counteract these effects.
Room: Arboretum III

SPECIAL SESSIONS

SS5: Creating the "Student-centered Medical Education Home"
Kelly Hookstadt, University of Connecticut/St. Francis Hospital & Medical Center; Laura Gibson, Texas A&M University
Academic Coordinators are planners, builders, leaders, communicators, collaborators, helpers, solvers, entertainers, coaches, advocates, counselors, mediators and marketer-promoters. Our primary role, however, is to promote Family Medicine. As our specialty continues to struggle with students' perceptions of prestige, lifestyle, professional demands, how do we sell Family Medicine and fill the increasing number of Family Medicine residency positions? We can demonstrate the same tenets of the patient-centered medical home, and create the "Student-Centered Medical Education Home". This brainstorming session will enable Coordinators to collaborate nationally to improve the image of Family Medicine; utilize technology to share and integrate ideas; emphasize the quality and importance of Family Medicine in the future of health care; provide ideas to help support students; and increase our number of role models.
Room: Arboretum IV

SS10: "Money-driven Medicine"
Facilitators: *Joshua Freeman, MD, University of Kansas Medical Center and David Steele, PhD, Texas Tech University Health Science Center, El Paso*
Money-Driven Medicine is a provocative documentary about the current health care "system" in America produced by Academy Award winning documentarian, Alex Gibney, based on the book similarly titled *Money Driven Medicine: The Real Reason Health Care Costs So Much* by Maggie Mahar. Drawing upon interviews with physicians, patients, ethicists, and policy makers, this film asks a fundamental question: Whose interests are being served by the most costly health care system in the developed world that produces healthcare outcomes that are worse than those of countries spending far less? In this moderated session, we will view the 50 minute "educators" version of the documentary and then discuss the films merits and implications for medicine, for medical education, and particularly for family medicine as a discipline.
Room: Cottonwood

SUNDAY, JANUARY 23

8:15-9:45 am

SEMINARS

S6: You Know It When You See It: What Do You Do to Correct Unprofessional Behavior?
Kendalle Cobb, MD, Case Western Reserve University/Cleveland Clinic-Lerner College of Medicine, Cleveland , OH
How good are we at picking up the signs? When we see unprofessional behavior, what makes a difference in correcting the problem? Are there certain times in medical school that students are more likely to exhibit unprofessional behavior? We know that unprofessional behaviors in undergraduate medical education are predictors of career professionalism problems. What are some of the differences among students who never have professionalism problems, those who have intermittent professionalism problems, and students who initially have problems but then successfully remediate? Come learn about one program's experience with professionalism.
Room: Redbud

S7: Improving Large Group Session With Liberating Structures
Heidi Chumley, MD, University of Kansas Medical Center, Kansas City, KS; Scott Moser, MD, University of Kansas, Wichita, KS
Predoctoral educators in family medicine are attaining increasingly important leadership positions in their medical schools. An important skill for educational leaders is conducting interactive and engaging large-group sessions. McCandless and Lipmanowicz have developed liberating structures designed to improve interactivity and tap into collective intelligence. In this session, participants will learn by experiencing five liberating structures in the context of discussing student interest in family medicine. These structures include: 1-2-4-Whole group, Five Whys, TRIZ, Wicked Questions, and 25 will get you 10. Each structure is easy to learn and apply. At the conclusion of the session, participants will be able to incorporates these structures into activities at their home institutions.
Room: Mesquite

SYMPOSIUM

SY4: Longitudinal Family Medicine Clerkships—to Do or Not to Do!
Joanne Williams, MD, MPH, Emory University; William Shore, MD, University of California, San Francisco; Roger Schauer, MD, University of North Dakota; Jason Chao, MD, MS, Case Western Reserve University School of Medicine; Jorge Camilo Mora MD, MPH, Florida International University, Herbert Wertheim College of Medicine, Miami, FL
Are you seeking a way to catch the attention of your medical students? Are you having trouble finding ways to teach students the goals and philosophy of family medicine? Do your students understand and experience continuity of care? Do you desire a way to mold student physicians, influence their career choices, and provide early clinical correlation? The longitudinal curriculum is not a new concept, but it is an important tool that is being utilized in new and creative ways, especially as many medical schools are undergoing curriculum revision. Directors from five schools from across the country have joined in a panel to discuss their particular experiences using this format. Attendees will be given the time and opportunity to avail themselves of this expertise.
Room: Arboretum V

LECTURE-DISCUSSIONS

L15A: Preparing Students to Care for Patients With Medically Unexplained Symptoms
Kathryn Chappelle, MA; Frances Biagioli, MD; Ryan Palmer, MFA, Oregon Health & Science University
Most medical school curricula introduce diagnostic reasoning through a focused history with a pertinent Review of Systems from which potential causes of symptoms are formulated in a differential, which is then incrementally narrowed. However, this training does not prepare students for uncertainty when definitive diagnoses cannot be made, talking to patients about potential psychological causes of physical symptoms, or deciding when diagnostic tests aren't indicated or may actually cause a patient harm. This interactive seminar will share an innovative teaching session for medical students regarding mind-body interactions, diagnostic testing decisions, and how physician communications affect a patient's experience of illness when no diagnosis can be found. Discussion will invite sharing of additional teaching methodologies for this often glossed over, but significant, aspect of clinical care.

L15B: To Screen or Not to Screen: Teaching Students to Handle Uncertainty Better Than Hamlet
David Anthony, MD, MSc, Brown University School of Medicine/Memorial Hospital of Rhode Island, Pawtucket, RI; John Brill, MD, MPH, University of Wisconsin Fox Valley Family Medicine Residency, Milwaukee
Screening opportunities are marked with considerable scientific uncertainty, and clinical guidelines around individual screening tests are often variable. At their stage of learning, medical students can find such clinical uncertainty discomforting. As such, directors of family medicine clerkships face the challenge of presenting students with this core information in a format that is engaging, accurate, and encouraging. In this lecture-discussion, the presenters will demonstrate the teaching strategies used in their individual clerkships. These include the HAND method, a novel mnemonic for addressing clinical uncertainty, and a focus on shared decision making. Following brief presentations of the two methods, the presenters will allow participants to practice using the HAND mnemonic and encourage them to share their experiences and reflections about teaching around screening decisions.
Room: Arboretum II

L16A: Making Difficult Patients and Difficult Topics Easier
Michelle Colen, MD; Margaret Wilson, DO, Kirksville College of Osteopathic Medicine, Kirksville, MO
According to studies, 15% to 20% of patients seen in a primary care setting are described as "difficult" by their providers, and there are multiple topics that physicians feel are difficult to discuss with patients. Difficult patient and difficult topic training are another area of clinical skills training that can be provided by using standardized patients (SPs). Our SP program consists of multiple difficult cases. Cases include drug seekers, ramblers, and elder abuse. The SPs are educated on the necessary behaviors to be portrayed. Students are evaluated using detailed checklists focusing on the humanistic components of care that are completed by the SP directly after the encounter. Additional feedback is provided by small-group encounter review led by a faculty member.

L16B: Integrated Clinical Cases for First-year Medical Students
Audrey Okun-Langlais, DO; Barbara Winterson, PhD; Elisabeth Del Prete, DO; Renee LeClair, PhD, University of New England College of Osteopathic Medicine, Biddeford, ME
Traditional preclinical curriculum has relied on passive learning to deliver content. Strategies for active learning are associated with improved problem solving and critical thinking skills and facilitation of content acquisition. In 2009-2010, a pilot course segment was developed and delivered by Biomedical Sciences faculty along with clinical FM and OMM faculty to allow first-year medical students to integrate knowledge from basic science content areas in the context of clinical cases. Individual and team-based learning activities including concept mapping and multiple-choice questions utilizing an audience response system and assessment tools were designed and used in the classroom as well as online discussion boards to facilitate learning. At the conclusion, course evaluation was carried out. The course was well received with positive perceptions of integration and value.
Room: Arboretum III

SUNDAY, JANUARY 23

8:15-9:45 am

PEER PAPERS: SESSION P – PCMH (Moderator: *David Little, MD*)

PP1: Community Faculty's Usage of Different Components of the Patient-centered Medical Home
William Huang, MD, *Baylor College of Medicine*; *Stephen Scott, MD, MPH*, *Weill Medical College, New York, NY; Delbert Myers, MD*; *Carolyn Olson; Jane Corboy, MD*; *John Rogers, MD, MPH, MEd*, *Baylor College of Medicine*
As the Patient-centered Medical Home (PCMH) model continues to evolve, there is a need to help community faculty transform their practices into medical homes. In this session, we will present findings of a needs assessment survey administered to our community faculty in 2009. Responses indicate some familiarity with the PCMH model but less familiarity with the National Committee for Quality Assurance process for recognition as a PCMH. Community faculty frequently used some components of the PCMH such as tracking referrals and test results but utilized other components less often. For components not currently used, there was a modest likelihood of adopting those components in the next year. We used the findings to design and implement a community faculty workshop series on the PCMH.

PP2: Preparing for Success: Is the Guest Room in Your Medical Home Ready for Students?
Jacob Prunuske, MD, MSPH; *Teresa Kulie, MD*; *David Deci, MD*, University of Wisconsin
The quality of each medical student's clinical education is, in part, determined by the training environment. Students' perceptions of the training environment vary from site to site. Optimizing the training environment is essential for improving educational quality and may contribute to increased numbers of students choosing family medicine as a career. Little attention has been given to the role of medical students in nonphysician clinic processes or preparing nonphysician staff at ambulatory clinics for medical student education. We will present data showing the need to address these issues to optimize students' educational experiences. Participants will collaboratively develop a shared-resource PowerPoint presentation designed to optimize staff and site preparation for medical student education at clinical sites that train students.

PP3: Teaching Chronic Illness Care to Clerkship Students Within the Patient-centered Medical Home
Lisa Slatt, MEd; *Beat Steiner, MD, MPH*, *University of North Carolina*
Clerkship students focus on improving their clinical skills in caring for individual patients. Both students and faculty often do not discuss improving patient care within a system of care. The Patient-centered Medical Home (PCMH) is a new model of care and will play a prominent role in students' future careers. Teaching learners about the PCMH is challenging: the information is new and often complex, and the length of clerkships do not allow students to see the results of various interventions. An existing clerkship exercise on chronic illness was redesigned to incorporate aspects of quality improvement a key feature of the PCMH. Activities are woven into the student's daily clinical experiences while in their community practices, thus making the lessons relevant and practical.

PP4: Medical Students' Perspective on the Patient-centered Medical Home: Results of a Needs Assessment Survey
Richard Younge, MD, MPH, *Columbia University; Pablo Joo, MD*, *Albert Einstein College of Medicine, Bronx, NY; Deborah Jones, MD, MPH*; *Susan Lin, DrPH*; *Jason Hove, MD*, *Columbia University; William Burton, PhD*, *Albert Einstein College of Medicine, Bronx, NY*
The Patient-centered Medical Home (PCMH) is central to plans for health care delivery reform. The PCMH can potentially improve patient care, reduce health care costs, and contribute to eliminating health disparities. Although there are several initiatives to teach PCMH concepts to medical students, it is unknown what knowledge or attitudes students currently possess. A total of 357 (24% response rate) first- through fourth-year medical students at two schools responded to a survey designed to assess their attitudes about, exposures to, and comfort with PCMH core principles. Primary care clerkship students at one school complete an online quality improvement module, while clerkship students at the other school have PCMH reading assignments. Descriptive statistics will compare differences between schools and between classes within schools.

(Continued on next page…)

PP5: Survey On Readiness for The Patient Centered Medical Home Model At Family Medicine Clerkship Sites

Sara Young, MD, MS, *Stacie Speers, MS*, *Medical College of Georgia School of Medicine*

This study assesses structural capabilities and readiness in moving toward the Patient-centered Medical Home(PCMH) model at practice sites where clerkship students rotate. An online survey of clerkship site physician representatives explored PCMH elements currently in place or anticipated at their sites. There was a 70% response rate(14/20). One site was pursuing designation as a PCMH, while 57% plan to pursue designation within 1-2 years. Seventy-nine percent reported routine use of electronic patient medical records, though only 43% of sites routinely use computer-based decision support tools. Thirty-six percent report involvement in clinical practice improvement efforts in the past 2 years. Seventy-one percent had no nonphysician, specially trained staff to assist patients in chronic disease self-management. Knowledge of practice site transformative efforts will assure that we expose students to PCMH principles regardless of rotation site.

Room: Arboretum I

SPECIAL SESSION

SS6: Working for Social Justice as a Physician: The Role of Family Medicine

Joshua Freeman, MD, University of Kansas Medical Center

Physicians have often been seen, and seen themselves, as advocates for better social conditions for the community as a necessary part of improving the community's health. Physicians and students are often involved in a variety of community health fairs, free health clinics, and international health work, as well as (less frequently) broader-scope work to improve access to basic human needs. This concept is often described as "social justice", whether consciously based on the work of John Rawls or seen as a self-descriptive phrase. This session will address characteristics of social justice and the ways in which physicians can work toward it in their lives and practice, and discuss how the theory, principles, and practice of family medicine are particularly well-suited to such activities.

Room: Arboretum IV

POSTER PRESENTATIONS

Visit with leaders in innovative curriculum development and research in Medical Student Education, while viewing their projects and work in an informal information-exchange setting! Join poster presenters over breakfast and during refreshment breaks.

Posters will be open all day Friday, January 21, beginning at 7 am with breakfast. They will remain on display through the refreshment break on Saturday morning, January 22.

P1: You Scratch My Back… Cementing a Community/University Partnership
Fred Rottnek, MD, MAHCM, Aaron Meyer, David Pole, MPH, St. Louis University School of Medicine
Solid, mutually rewarding relationships provide richer longitudinal experiences for students engaged in service learning projects. By responding to community-based organizational (CBO) need with academic and professional resources, faculty can engage community partners to provide unique precepting and leadership opportunities for students. This poster will illustrate the developing relationship between our SOM and the oldest and largest AIDS service organization (ASO) in the region. The relationship builds upon the faculty member's 20+ years of episodic volunteer experiences. In the past few years, novel student-driven service projects and internships, faculty volunteer clinical support, and shared grant development for community outreach and client support have solidified the partnership. This poster provides the opportunity for conversation on creative ways to develop and nurture community/university service learning.

P2: Teaching Concepts of Research During Medical School: A Comparison of Two Education Models
Robert Bales, MD, MPH, Sarah Atkinson, University of Illinois at Rockford; May Nawal Lutfiyya, PhD, Winnipeg Regional Health Authority, Winnipeg, Canada
Purpose: To compare and contrast two methods of integrating primary care research with medical education. Methods: Subjective comparison. Conclusion: Incorporating clinical research into medical school curricula augments medical education in important ways. We have utilized two distinct models that combine research and medical education. The first model is a practice-based research network where every third-year student participates as a researcher. The second model is a voluntary longitudinal experience in family medicine research that begins in the M2 year and continues through graduation. The cornerstone of each of these models is that not only research goals but also student educational goals are defined when designing and undertaking clinically oriented research.

P3: Enhancing Consistency In Ambulatory Clinical Teaching for Medical Students And Residents: A Web-based Approach
Amimi Osayande, MD, University of Texas, Southwestern
Departmental faculty wrote short evidence-based summaries of the latest management recommendations for medical conditions commonly seen at our residency site. These summaries are peer reviewed and uploaded on the University of Texas Southwestern library Web site, with links to the Web site provided in the clinics. During ambulatory clinical teaching/precepting, the faculty who work with both students and residents refer to the peer-reviewed Web-based guidelines relevant to encountered medical conditions as a reference for disease management. This project addresses an absence of "just-in-time" curriculum tailored toward local learning environments. Such a curriculum is necessary to provide consistency of teaching and ensure similar content delivery for all learners. Evidence-based content delivery supports the best care for the patients while educating learners.

P4: Examining Clinical Reasoning Through Authentic Assessment
Patricia Sexton, DHEd, Margaret Wilson, DO, Kirksville College of Osteopathic Medicine
Clinical reasoning is difficult to teach and more difficult to assess. Knowing that a student arrived at a correct diagnosis is insufficient in assessing clinical competence and diagnostic reasoning. It is essential that novice students be guided toward mastery of higher-order clinical decision making. Use of clinical cases both in formative and summative assessment helps achieve this goal. We have used diagnostic reasoning software, DxR Clinician©, as an adjunct to standardized patient encounters to authentically assess the process by which students arrive at their final diagnosis. Further, practice cases allow students to contextualize physical exam skills they are learning. Student feedback indicates that they both enjoy the process and find it valuable. Example cases as well as program flexibility will be shared.

P5: Direct Observation By Faculty: Ensuring Every Student Is Observed And Given Timely Feedback
Holly Cronau, MD, Ohio State University College of Medicine
In medical student education, timely feedback, especially in key clinical skills, is essential for the growth of student learners. Our learners are asking for more feedback and direct observations. According to the AAMC Graduate Questionnaire, our medical school has only 40% of students directly observed on all clerkships. This number dips to 35% on the family medicine clerkship. Since we wanted every student to benefit from direct observation of their clinical skills, a model for implementing direct observation of clinical encounters was needed. The purpose, implementation, challenges, and initial outcomes will be presented.

P6: The Financial History As Part of Health Systems Education for First Year Medical Students
Sharon Smaga, MD, Southern Illinois University School of Medicine
As part of the clinical skills curriculum, each first-year student is required to ask a financial history from a patient in the mentor's office. The goal of the activity is to introduce the student to the effect of insurance status on the patient's health care and to explore the patient's understanding of his/her health plan. The students are given a list of sample questions to ask the patient and are expected to write a one page report on their findings. Students report increased awareness of the complexities of insurance and the effect of insurance status on the patient's overall health.

P7: Team Learning Through Interprofessional Experiences
Ruth Westra, DO, MPH, Timothy Stratton, PhD, BCPS, FAPhA, University of Minnesota, Duluth
Student physicians and student pharmacists gain knowledge about and experience in health care teamwork by participating in Clinical Pathological Conferences, Interprofessional Sessions during the Community Clinical Medicine Course, and the student-run free clinic with faculty supervision for pharmacy and medical students early in their academic careers. The planning and structure of these learning opportunities will be presented along with selected outcomes from these experiences.

P8: [CANCELED]

P9: Community Action Research Track: An Innovative Community-based Training Program for Medical Students
Nora Gimpel, MD, Jason Wright, University of Texas, Southwestern
The Community Action Research Track (CART) is an innovative response to the need for integrating Community Based Participatory Research, health promotion/disease prevention, and the social determinants of health into the medical school curriculum. Students enrolled in CART participate in a coordinated program of didactics and service-learning experiences (over 4 years). Through these experiences they contribute to improving health in the underserved communities where they train. It consists of five core components: Core Concepts Seminar, Preclinical Electives Program, Community Medicine Elective, Ambulatory Care Family Medicine Rotation, and Community Service Core. The program links the medical school to the community and prepares future physicians to be aware of social, psychological, economic, and cultural determinants of health by participating in comprehensive service-learning experiences.

P10: Tip: A Transitional Fourth Year Medical Student Experience Into Residency
Vincent WinklerPrins, MD, Michigan State University
Many medical students know they want to enter family medicine, know where they would like to be trained, and are looking for that additional extra to become leaders in their discipline. Residency programs want the best students with the highest likelihood of staying in their communities. They want to create opportunities in which their residents thrive and lead their discipline forward. We designed a program that gives accepted fourth-year medical students: (1) an immediate linkage to one of our nine affiliated in-state family medicine residency programs thus beginning 4 years of engagement with their preferred residency, (2) individualized educational opportunities in scholarship, leadership, or community outreach/public health, (3) pays them $20,000.

P11: Medical Student Perceptions of Interspecialty "Badmouthing" and Its Effects on Specialty Selection
Martha Dempsey, MD, David Norris, MD, Thais Tonore, MD, Julio Cespedes, University of Mississippi Medical Center
Interspecialty "badmouthing" is a well-known and documented occurrence. Previous research has shown that medical students believe it to be unprofessional and to interfere with their education. Badmouthing has also been shown to affect the student's specialty choice. With the shortage of primary care physicians, anything that can be done to improve recruitment is gaining in importance. Our research will examine the effect of one previously proposed intervention—increasing awareness—on the frequency of badmouthing. We began by establishing a baseline level of badmouthing by and against each specialty. Residents and faculty within the family medicine department were made aware of the problem through a series of lectures and the effect on badmouthing will be reevaluated by a repeat survey of the following class.

P12: The Eyes Have It: Teaching Fundoscopic Exam to Preclinical Students
Christina St. Michel, MD, Marshall Hamill, MD, Baylor College of Medicine; Stephen Scott, MD, MPH, Cornell University; Francis Kretzer, PhD, Baylor College of Medicine
The fundoscopic exam takes time to master, and it can be a difficult skill to teach to preclinical students. In the past, our medical school has utilized standardized patients and peer exams to help first-year students develop these skills. Despite these efforts, only 51% of clinical students surveyed have ever identified the optic disc by direct ophthalmoscopy. We developed a session for our introduction to clinical skills course in which students had a single eye dilated to allow them to perform peer dilated eye exams in a low-pressure setting. As a result of our intervention, 75% of students were able to clearly identify the optic disc. With minor changes to the intervention, we expect this number to increase even further.

P13: Student Run Free Clinics – Addressing The Gaps In Health Care Reform?
Linda Prine, MD, Beth Israel Residency Program in Urban Family Practice, New York, NY; Megan Acho, Galina Tan, New York University School of Medicine
The state of health care has consistently served as one of the foremost topics of public discussion in this country, especially since the passage of health care reform. While many greeted reform optimistically, others are cautious in their approach. Within the health care community (including, necessarily, medical schools across the country), we have concerns for populations for whom the health care reform bill has not provided "comprehensive" health care. Foremost among these (continuously) underserved are the undocumented immigrants (comprising approximately 12 million people) and women seeking abortions. Since these populations make up a substantial proportion of those seen by our medical school's free clinic, especially the Women's Health Free Clinic (WHFC), discussions of health care reform and student-run free clinics become inextricably linked.

P14: Does Simluated Pelvic Exam Training Improve Confidence At The Clinical Clerkship Level?
Jennifer McCabe, MD, DFCM, Dara Maker, MD, DFCM, Kymm Feldman, MD, DFCM, University of Toronto
Objective: This study will evaluate a workshop using simulated models for teaching the pelvic examination to clinical clerks. Design: Randomized control trial of an intervention arm of students receiving pelvic examination training on models and control group receiving no formal training. Main Outcome Measures: Student self-reported confidence in performing the pelvic examination before and after rotation. Results: There was a trend of improved confidence in performing the pelvic examination in the intervention group compared to the control group, although this was not statistically significant. Ninety-seven percent of participants in the training session recommended continuation of the program. Conclusion: Student satisfaction with simulated pelvic examination training is high. Future studies with larger sample sizes are required to determine if such programs improve student confidence in performing pelvic examinations.

P15: [CANCELED]

P16: Completing Whole Person Healthcare by Increasing Oral Health Education for Medical Students
Michelle Colen, MD, Margaret Wilson, DO, Patricia Sexton, DHEd, Erin Flood, DDS, Kirksville College of Osteopathic Medicine
The need for increased oral health education for medical students continues to increase as evidence of the interaction between oral health (or lack thereof) and systemic disease continues to grow while the coverage for oral health care continues to be deficient. By gaining a better oral health education, students have the potential as physicians to truly provide whole person health care and to help fulfill the gap caused by decreased dental care access. Our oral health curriculum includes several modules for students to complete at their own pace. Questions

along the way assist with learning. At the end of the modules, students will be better able to evaluate patients' oral health needs and to educate patients on how to achieve their own best oral health.

P17: Medical Students As Learners And Teachers: Contributions to a Family Medicine Residency Quality Improvement Project

Stephanie Rosener, MD, Middlesex Hospital FMRP, Middletown, CT

Continuous Quality Improvement (CQI) projects provide a rich learning environment for participants. This poster describes the highly productive integration of fourth-year medical students into a family medicine residency CQI project. Students participated by collecting and analyzing baseline data about our residency's adherence to evidence-based guidelines associated with decreased pre-term and low birth weight outcomes. Each student identified an area for practice improvement, developed strategies to improve guideline adherence, collaborated with QI team members on implementation planning, and educated the residency community about recommended strategies. Their work allowed us to demonstrate improved birth outcomes over the next 2 years. Learning was enhanced by participation in the CQI process as well as the opportunity to provide education and leadership around process change.

P18: Getting Organized with Google Groups - Family Medicine Activities Organized FOR Students BY Students

Diana Tucci, University of Pittsburgh School of Medicine; Gretchen Shelesky, MD, University of Pittsburgh Medical Center, St Margaret Family Practice , Pittsburgh, PA

Background: Getting involved in Family Medicine Interest Group (FMIG) activities can be difficult for medical students given classroom work, patient care responsibilities, and life outside of medicine. Family medicine departments across the country want to increase and maintain the interest of medical students in family medicine. Objective: To use Google Groups to increase participation in FMIGs. Design: Using an online Google Group can facilitate participation of medical students in FMIG activities. Our Google Group has pages for health fairs/service trips, lectures, workshops, community dinners, international opportunities, past events, and research opportunities. Importantly, having all of this information as a template ensures that future FMIG leaders can start planning activities immediately. Hypothesis: Having information accessible through a Google Group will improve interest and participation in our FMIG.

P19: Extra! Extra! Read All About It! How Monthly Newsletters Can Improve Medical Student Teaching

Gretchen Shelesky, MD, UPMC St Margaret Family Practice, Pittsburgh, PA; Yaqin Xia, MD, MHPE, University of Pittsburgh; Jacqueline Weaver-Agostoni, DO, MPH, Shadyside Family Practice Residency Pittsburgh, PA

Feedback is an important tool to improve future performance. Many family medicine residency programs (FMRPs) do not communicate feedback to their educators from the medical students who rotate through their programs. This session will discuss the use of a monthly newsletter in two FMRPs to give incentives to their teachers by communicating successes, things to improve, and exceptional teachers as identified by medical students. It will also provide tools to allow participants to implement a newsletter in their own institution.

P20: Student And Faculty Use And Feedback About fmCASES

Alexander Chessman, MD, Medical University of South Carolina; Shou Ling Leong, MD, Pennsylvania State University; Katherine Margo, MD, University of Pennsylvania; David Anthony, MD, MSc, Brown University School of Medicine; Jason Chao, MD, MS, Case Western Reserve University School of Medicine; John Waits, MD, University of Alabama School of Medicine; Leslie Fall, MD, Dartmouth Medical School; Stephen Scott, MD, MPH, Weill Medical College

This poster will present information about student and clerkship director use of and satisfaction with the STFM initiative: fmCASES. This peer-reviewed set of online patient cases for family medicine clerkships has been available by subscription since July 2010, after 1 year in pilot form. More than 40 medical schools have subscribed. After completion of every case, each medical student was invited to complete a satisfaction survey. We will compare this student feedback from the pilot year to this subscription year. We will report the number of cases required by clerkships, and the average time spent on cases, both perceived and actual. We will clarify how clerkship directors integrated this resource into the clerkship curriculum and how the directors used the affiliated set of multiple-choice questions.

P21: Professionalism As a Medical Education Elective

Nancy Baker, MD, Florida State University; Kristen Barrie, MD, University of Florida College of Medicine

Recently the Association of American Medical Colleges (AAMC) identified professionalism as a core competency in the Medical School Objectives Project (MSOP). The MSOP is an AAMC initiative designed to reach general consensus within the medical education community on the skills, attitudes, and knowledge that graduating medical students should possess. This came on the heels of studies performed by Maxine Papadakis, MD, et al regarding the correlation between unprofessional behavior in medical school and subsequent disciplinary action by a state medical board. To teach the concepts behind professionalism and the consequences of unprofessional behavior, I designed an elective rotation. During the course of the rotation, the student was required to read assignments related to the topic of professionalism and write a reflective essay. In addition, the student was required to attend a State Board of Medicine disciplinary hearing, observing the consequences of errors for practicing doctors. After which, the student wrote a second reflective essay.

P22: A Teaching Tool to Help Understand Issues of Cost Containment In Health Care Reform

Andrew Donohoe, Drexel University College of Medicine; Frances Wu, MD, Somerset Family Practice, Somerville, NJ; Rebecca Lewen, Drexel University College of Medicine

Medical students and residents are generally unaware of the costs associated with various aspects of patient care. In seeking to reform our health care system, knowledge of disease and appropriate treatment options must increasingly be understood within a broader context of social and economic concerns of the patient and third-party payer. This poster details a board game designed to help participants manage a hypothetical diabetic patient. Individuals or teams will be tested in their knowledge of pathophysiology, clinical management, and cost containment in a setting that facilitates discussion and interaction. Learners will become familiar with a number of decision points in the lifetime of a diabetic patient at which there are major differences in cost/benefit of treatment options.

P23: Evaluation of Medical Student Attitudes Through Assessment of Two Attitudinal Inventories: The HPATHI And ATHI

David Buck, MD, MPH, Carlie Brown, MPH, Baylor College of Medicine; Ben King, University Medical Center at Brackenridge, Austin, TX

Background: The ATHI and the HPATHI are two previously validated surveys measuring perceptions regarding the homeless population. Methods: Since 2003, both items were administered to 71 first- and third-year medical students that attend a free clinic for the homeless. The study examined the relationships between medical school year, participation in a third-year elective, and attitudes on homelessness. Results: The overall scores on the ATHI or HPATHI did not vary significantly with experience, from first to third year, or during the third-year elective. Certain questions and factor groups within the surveys varied. Conclusions: The results of these tests show responses that differ from previous reporting that demonstrated changes in attitudes of medical students, decreasing over time and improving with previous experience.

P24: Beyond The Bandage: Reforming Healthcare One Student At a Time
Tiffany Snyder, DO, Amy Clithero, MBA, University of New Mexico
Health care reform is more than reforming the way health care is financed. It is changing the way health care is delivered. Going "beyond the bandage" requires diagnosing and treating communities. Family physicians can play a leadership role in mobilizing local resources and then advocating for policies that improve the health of their community. As educators, we have a responsibility to prepare them for a larger societal role by training them to recognize that a social diagnosis is as important as a medical diagnosis. Educating future physicians to effectively address health care disparities through health policy advocacy is a proactive approach to bringing about systemic change in the health care system and improving the health of the public.

P25: 10 Pounds of Potatoes In a 5-Pound Sack: More Students, Same Resources
Joyce Copeland, MD, Nancy Weigle, MD, Duke University Medical Center
The growing need for primary care in the United States has resulted in an increase in the class size of medical schools and an expansion of PA and advance practice nursing programs. This means more students placing more demand on clinical education sites and experiences. We will discuss the role of a multi-disciplinary, collaborative forum designed to bring all the educational "stakeholders" in a department of nine divisions to the table to discuss common goals, problems, and solutions related to educational opportunities and experiences.

P26: Community Medicine Education and Research Training: An Innovative Pipeline for Future Primary Care Physicians
Nora Gimpel, MD, Patti Pagels, MPAS, PA-C, Emeka Ohagi, MS, MPH, Tiffany Billmeier, MPH, Jason Wright, University of Texas, Southwestern
The Community Medicine education and research training pipeline was designed to train medical students and family medicine residents through service-learning and community-based participatory research (CBPR). It includes: Community Action Research Track (CART) that integrates health promotion/disease prevention and social determinants into a 4-year curriculum; Community Health Fellowship Program (CHFP) to train first-year medical students in CBPR; Community Action Research Experience (CARE) to equip residents with knowledge, skills, and attitudes to engage communities and care for underserved populations; and the community medicine (CM) postdoctoral fellowship that prepares primary care physicians for leadership roles in the community and academic medicine. This is an innovative model within the US medical training environment and contributes to training physician-researchers committed to improving health outcomes and reducing health disparities.

P27: Use of The Electronic Medical Record to Teach Complementary And Alternative Medicine: What's The Impact?
Ray Teets, MD, Andreas Cohrssen, MD, Jonathan Silberlicht, MD, Beth Israel Residency Program in Urban Family Practice, New York, NY; Jennifer Purcell, PhD, Albert Einstein College of Medicine
Rationale: Complementary and alternative medicine (CAM) offers symptomatic improvement that could improve patient satisfaction. Although widely used by patients, CAM training is limited in medical education. While our affiliated medical school has an introductory CAM curriculum, the opportunities for using an electronic medical record have not been available yet. Aims and Objectives: This poster will describe the implementation of CAM training into medical student education utilizing electronic formats, as well as assessment of how this affects students' attitudes and knowledge, with inclusion of a control group. CAM is taught both during clinical encounters, as well as through didactics. Outcomes: We will look at pre- and post-intervention assessments, with a control group. We will examine any biases and confounding variables in our comparisons and assessments.

P28: Progress Toward a Four–year Curriculum for Handheld Computer Use In Medical Education
Steven Schwartz, MD, Eileen Moore, MD, Georgetown University
The shift to an evidence-based paradigm, to be effective, requires current, high-quality, point of care decision support tools and clinicians who consistently and wisely use them. It is therefore important to study the use of handheld devices in medical education to identify the optimal timing, methods, and uses that maximize the educational experience and enhance clinical performance. We have developed a 3-year curriculum to orient students to the devices, to demonstrate their use in medical decision-making, and to train students to utilize them in the clinical encounter. In addition to increasing students' familiarity with available medical applications we provide opportunities to use these applications in clinical problem solving and test students in high-stakes clinical exams in the use of handhelds for medical decision making.

P29: Student Lunch Discussion Groups - More Than Just Pizza
Karen Hulbert, MD, Pamela Hughes, Medical College of Wisconsin
Professional identity develops from a combination of explicit teaching and experiential learning. Our elective offered to first-year medical students, The Introduction to Family Medicine Academic Enrichment Elective (AEE), is now in its third year. As part of the ongoing development of our Family Medicine Learning Community, we planned new scheduled lunch discussions to promote professionalism and clinical reasoning. Using the model of Critical Incidents, our luncheon meetings for M1 students are led by M2, M3, and M4 students using case discussions; topics include incorporation of clinical skills, diagnostic decisions, and facing ethical challenges. Having students teach students creates a proactive opportunity to reflect on professional issues in a family medicine environment. Our poster will present results from this Learning Community activity.

P30: The Community Project: Linking Objectives, Methods and Assessments to Meet Family Medicine Clerkship Objectives
Jennifer Purcell, PhD, Albert Einstein College of Medicine
Many family medicine programs offer community project experiences as a means to introduce students to health literacy, social determinants of health, and the physician's role in the community. A few institutions have described their programs in the literature. A remaining gap, however, is the reporting of outcome measures related to such community-based learning experiences, an important step in moving beyond a "feel good" project to demonstrating meaning and value to students and institutions. Utilizing several educational frameworks, this session will highlight the process of matching objectives with methods and assessments to move other programs toward designing, implementing, and evaluating community-based learning experiences with measureable outcomes.

P31: "Men Take Ten" Prostate Cancer Screening Program - Teaching Through Participation
Kandie Tate, MD, MEd, Wayne Frederick, MD, Kimberly Miller, Howard University College of Medicine
The "Men Take Ten" is a screening program that focuses on screening prostate cancer. The program serves men older than the age of 40 without insurance or under-insured to raise awareness about prostate cancer. Review includes discussion of the program, review of the participants, and review of the students/residents. The methods will include a one-tier retrospective/chart review of the participants and students/residents involved in the program from 2008-2009. During this 2-year time frame, 1,109 men were screened and evaluated by attendings, residents, and students in multiple screening events and activities. The physicians participated in 62 screening events in and around the areas. These events led to the diagnosis of two patients with prostate cancer with appropriate treatment and follow up.

P32: Celebrating The Exceptional: Stories of Exemplary Medical Student Professionalism
Erika Schillinger, MD, Elizabeth Stuart, MD, Arlina Ahluwalia, MD, Stanford University School of Medicine
Our medical school is transitioning from a pass-fail system of grading clinical students' performance to a criterion-based evaluation initiative. Students distinguishing themselves as exceptional will pass their clerkships "with distinction." Among the metrics that will be evaluated is student professionalism. To define what criteria constitute exceptional professionalism, faculty, students, and staff were asked to describe those students who exemplified outstanding professionalism. This poster describes the multidisciplinary vignettes about extraordinary student professionalism. Thematic analysis focuses on organizing the stories into categories that can be used in the assessment of clinical students in the future and at other institutions. Notably, negative examples predominate in the literature; most attention has been paid to identifying problems. We are also eager to celebrate the exceptional.

P33: Teaching Medical Students Core Philosophies, Critical Thinking And Life-long Learning At a Student-run Clinic
Natalie Rodriguez, MD, Ellen Beck, MD, Sunny Smith, MD, Michelle Johnson, MD, University of California, San Diego
Family physicians hold a unique and powerful role in teaching medical students the necessary tools to become caring, capable physicians. This includes up to date medical knowledge, professionalism, and critical thinking skills that enable them to care and advocate for their patients. With the explosion of advancing knowledge, technology, and the increasingly evolving health care system, it is more important than ever that medical students learn how to think. Our challenge as educators is to teach medical students where to find information and how to apply it in a comprehensive, empowering, and humanistic approach that addresses the whole patient. This presentation summarizes how one Student-run Free Clinic (SRFC) incorporates the philosophy of lifelong learning, evidence-based medicine, and a global patient perspective into the curriculum.

P34: Family Medicine Research Preceptorship Program
Sandra Burge, PhD, Bryan Bayles, PhD, Jason Hill, MA, University of Texas HSC at San Antonio
A residency research preceptorship lasts approximately 7 weeks and entails the recruitment and education of approximately eight medical students on general research methods, research design, qualitative research, and the general methodology encompassed by two research studies. For the next 5 weeks, students report to one of nine clinics. With guidance from an on-site faculty mentor, each student engages in data collection efforts on two research studies. In addition to the research, students have 30%-50% time to see patients under the close supervision of residents and faculty, in which they gain a sufficient amount of experience on the clinical scope of family medicine. All students will return during Week 7 to pool and analyze data and prepare posters for a student research fair.

P35: A Predoctoral Training Program On Information Mastery: Lessons Learned
Adarsh Gupta, DO, Claudia Switala, MEd, Joshua Coren, DO, Frank Filipetto, DO, UMDNJ-School of Osteopathic Medicine
During the third year, family medicine 12-week clerkship students participated in an Information Mastery (IM) Training Program. This presentation will describe the training components, beginning with the need/rationale for IM. A description of the online training modules includes: Introduction to IM, Practical Approach to EBM, Strategies to Improve Search, Formulating an Answerable Question, Appraising the Evidence, Critical Analysis of an Article, and Demonstrating High Quality Evidence Based Resources to meet the information needs of a clinician. A description of the video used to role model the patient-physician interaction will also be provided along with the pre- and post-assessment (Exam, Survey and Standardized Patient Cases) tools. The pre- and post-cognitive, psychomotor and affective outcomes will be discussed with participants, along with the lessons learned.

P36: Selective In Corrections Medicine
Robert Bales, MD, MPH, FAAFP, Tanya Munger, FNP, CCHP, University of Illinois at Rockford
The US has the highest incarceration rate in the world. People housed in US jails and prisons are aging, and we are facing more health care challenges. We intend to present here the results of our curriculum in corrections health for students in the M4 year. Our 2-week selective in corrections medicine provides a unique learning opportunity for the fourth-year students. We provide a broad overview of the corrections system and how it relates to an individual's health and in the broader context of public health.

P37: Professionalism Challenges: Student Stories From The Family Medicine Outpatient Trenches
Erika Schillinger, MD, Sarah Jane Selig, BA, Nina Patel, BA, Kierann Smith, BA, Stanford University School of Medicine
All students completing their outpatient Family Medicine Core Clerkship at our institution complete patient logs during their month-long rotation. Students are required to log one patient encounter in which they experienced a professionalism challenge. Eighty student responses are analyzed thematically and described in this poster.

P38: The Teamwork Imperative: Incorporating Interdisciplinary Opportunities in the Curriculum
Anna Looney, PhD, UMDNJ-Robert Wood Johnson Medical School
Research in the fields of complexity science, teamwork, and leadership argues for the value of multidisciplinary teams for health care delivery. Moreover, empirical evidence from quality improvement interventions shows how powerful diverse teams can be for practice improvement. Using these findings, I will present current work at Robert Wood Johnson Medical School with interdisciplinary student teams engaged in community service projects. I will demonstrate the benefits to both the students and community agencies. Not only have students expressed satisfaction with what they have learned working with students from another discipline, they are uniquely qualified for the practice environments of the future. Finally, I make the case for incorporating more opportunities like this in undergraduate medical curriculum.

P39: A Path Into Family Medicine: Empirical Evidence From M2 Summer Assistantship
Anna Looney, PhD, Joyce Afran, MD, UMDNJ-Robert Wood Johnson Medical School
Attracting qualified students into family medicine has been a challenge in our medical school. While several different educational strategies in the undergraduate curriculum describe well the breadth and satisfaction possible in family medicine, we have evidence that the long-running summer Community Oriented Primary Care assistantship for rising M2s has been a productive path into family medicine. We discuss the dimensions of the summer program, providing data on the medical students who have selected primary care residencies upon graduation.

SPECIAL TOPIC & COMMON INTEREST BREAKFASTS

Join your conference colleagues to share experiences and ideas in an informal setting over breakfast! Topic discussions will be focused on problem-solving and idea-sharing.

Saturday, January 22: 7–8 am

B1: Health Care Reform and Implications for Access for Vulnerable Populations
Linda Prine, MD, Beth Israel Residency Program in Urban Family Practice, New York, NY
Medical students will face a new landscape, 3 to 7 years from now, when they finish residency. Health care reform promises to bring millions more "consumers" into primary care, through mandated purchases of health insurance as well as expanded Medicaid. Debate rages about whether newly passed health care reform will improve care for women and immigrants. On the one hand, MS Magazine writes "25 Ways Women Gain in Health Reform." On the other hand, advocates are crying "sell-out" due to no federal funds for abortion, no funds for illegal immigrant care, and a 5-year wait for legal immigrants. This session will examine the pros and cons of the new bill, touching on Medicaid expansion, maternity coverage, pre-existing conditions, family planning benefits, immigrant care, and abortion.

B2: Group on Public Health Education: Assessment of Public Health Competencies in the Clinical Years
Jacob Prunuske, MD, MSPH, University of Wisconsin, Madison ; Manjula Julka, MD, University of Texas, Southwestern
Many medical schools are incorporating public health education into their curricula. While the basic sciences of public health, biostatistics, and epidemiology may be assessed using traditional knowledge-based exams, assessing other public health competencies presents a challenge. We will describe one group's efforts to (1) integrate key public health concepts into a high-stakes performance-based exam, (2) assess students' ability to attend to public health concerns in a practical setting, and (3) implement a written reflective exercise and assessment rubric designed to assess student achievement of public health competencies. We will facilitate a discussion exploring these and other potential methods for assessing public health competencies. Participants will discuss the strengths and weaknesses of various methods as well as ways to overcome barriers to implementation.

B3: Using Virtual Patients In Second Life to Teach Chronic Disease Management
Meredith Goodwin, MD, Florida State University
Within the traditional medical student curriculum, students have few opportunities to follow patients longer than 68 weeks (typical clerkship duration) before ending one clerkship and beginning another. Chronic disease management skills can best be developed in situations where students see the same patient repeatedly over a longer period of time. Despite implementing a weekly longitudinal, primary care clerkship throughout the third-year clerkship curriculum, our students continue to have difficulty establishing continuity with a panel of patients. One idea to address this deficit is a set of virtual patient scenarios in Second Life, a virtual community, to augment the actual student experiences. During this breakfast, we will share our ideas and progress toward implementing virtual patient visits.

B4: Using Dialogue Techniques In Small Group Instruction
Dennis Gingrich, MD, Pennsylvania State University
Small-group instruction is widely utilized in medical school curricula. The teaching and learning dynamics in this setting are different from that of lecture or one-on-one clinical instruction, yet they are rarely discussed or addressed in a structural way in formulating class sessions. This session addresses dialogue communication and interactional techniques designed to maximize quality of learning in a small group. Attendees will participate in "sign in" and "sign out" activities and learn about effective dialogue, its application to conversation, and student roles in effective small-group function.

B5: Don't Lose Them! Use FMIG to Sustain M3 and M4 Student Interest In Family Medicine
Teresa Kulie, MD, David Deci, MD, University of Wisconsin, Madison
Many Family Medicine Interest Groups (FMIGs) target programming to M1 and M2 students but have a harder time connecting with M3 and M4 students. Two important challenges to connecting with students during their clinical years include (1) time demands of rotations and (2) clinical sites physically located distant from a central campus. Resources such as those found on the Virtual FMIG Web site (sponsored by the AAFP) are invaluable in supporting FMIG faculty advisors. However, resources specifically targeting M3 and M4 students are scarce. This breakfast will provide a forum for family medicine educators from around the country to discuss success stories

and lessons learned during implementation of M3 and M4 programming events. Attendees are asked to come ready to share their experience with such activities.

B6: Teaching And Assessing Clerkship Students' Ability to Access Patient-centered Evidence
William Huang, MD, Haijun Wang, MS, Ellen Tseng, EdD, Elvira Ruiz, Tai Chang, MA, Baylor College of Medicine
In 2005, Slawson and Shaughnessy described how learners and practicing physicians must become information managers and access patient-centered evidence to provide quality care. In this session, we will present our experience over the past 6 years in teaching clerkship students how to access patient-centered evidence through handheld computers at the point of care. We will share our evaluation data and also discuss how our students perform well on questions on our Web-based clerkship examination that assess their ability to access patient-centered evidence. In the audience discussion section of the presentation, we look forward to hearing others' experience in teaching students information management and jointly exploring how we can better assess students' skills in accessing patient-centered evidence at the point of care.

B7: Bedside & Night Table Essentials: Surviving That 1st Clinical Rotation
Marcia Tanur, MD, Boston University
Chanting the "ROS" or recalling Cranial Nerve II-XII: trying to sleep the night before the "First Time." Memorizing, associating, calculating, and testing create a medical foundation. What readies and shields these students as they start to listen to hearts and hear life stories? Books, especially creative nonfiction, like supportive friends, buoy us through tough times and transitions. This proposed pilot project involves reading short excerpts: (1) William Carlos Williams, The Doctor's Story, (2) Perri Klass, A Not Entirely Benign Procedure, (3) Oliver Sacks, A Leg to Stand On-Becoming a Patient, (4) Rafael Campo, The Healing Art-A Doctor's Black Bag of Poetry. Students, of core family medicine rotations, would then react online to these legendary MDs.

B8: The Future of Family Medicine: How Do We Recruit The Next Generation?
Joel Heidelbaugh, MD, FAAFP, FACG, Kent Sheets, PhD, University of Michigan Medical School
Current health care reform, which seemingly embraces the key components of the Patient-centered Medical Home model, is in desperate need for family physicians to provide outstanding cost-effective and evidence-based provisions of care for our patients. With interest in primary care (especially family medicine) continuing to lag behind that of higher-paying specialties, it is imperative that medical schools embrace the concept of recruiting suitable students to family medicine. This session will provide the platform for a discussion for collective brainstorming as to how predoctoral educators and clerkship directors, as well as current students, can spearhead efforts to increase recruitment to family medicine that will play an integral role on the national level and help to create a new landscape of patient-centered care in the future.

B9: Do Docs Do It? MDs Keep on Reforming American Health Care
Marcia Tanur, MD, Boston University
Doctors in training have long influenced public policy; they will create a New Order of American Health Care. We will look at how four "Big Doctors" tackled the (w)holes in their local health care systems. Jumping between WA and D.C., Dr Abe Bergman conceived the NHSC (National Health Service Corps) and maneuvered it through the Nixon White House. Drs Count Gibson and H. Jack Geiger fathered the NHC (neighborhood health center) movement from MS to MA. Dr Fitzhugh Mullan, a resident circa 1969, reprioritized medical care in the South Bronx. After directing the new NHSC, today he (Mullan) develops Narrative Health Policy initiatives. Now, Dr Geiger still encourages us—students of community medicine—to superimpose the Patient-centered Medical Home) upon the footprints of the NHCs.

B10: Stop Going Through The Motions: Teaching Excellence In Physical Exam Skills to Millennial Preclinical Students
Christina St. Michel, MD, Baylor College of Medicine Houston
Knowing where to put the stethoscope does not mean a student knows how to listen to the heart. Preclinical students may not know if they are hearing what they are supposed to hear or feeling what they are supposed to feel. Aside from blatant errors, like the stethoscope not actually being in the student's ears, it is also difficult for an evaluator to be sure the student is mastering the skills. Students can learn the mechanics of the exam but may enter clinical rotations or even practice unsure if they are truly gathering the right data. The goal of this breakfast is to share successes and challenges faced in teaching today's preclinical medical student and to brainstorm ways to better teach physical exam mastery.

B11: [CANCELED]

B12: How to Best Teach The Writing of Health Records
Robin DeMuth, MD, Michigan State University
Students are often taught the basics of health record writing in the preclinical years, with further experience and sometimes instruction during the clinical years; however, there is limited literature on how best to teach this daily skill. Participants will share their experiences and methods for teaching health record writing to medical students.

B13: Patients Deserve Better Than Algorithmic 'Rule Out' Clinical Problem Solving
David Power, MD, MPH, University of Minnesota
All medical students are trained to develop a differential diagnosis list for any chief complaint. The merits of this process are undeniable: the clinician considers alternate diagnoses, and patient care is better as a result. However, in recent years, students are encouraged to include very unlikely but potentially life-threatening possibilities in their differential. In addition, the differential diagnosis process has become more algorithmic and less subject to the judicious reasoning of a skilled clinician. This has resulted in considerably more thorough and expensive work-ups for quite unlikely diagnostic possibilities. It is resulting in a diminution of the role of the physician as a skilled decision maker and is not patient centered.

B14: Primary Care Research: How to Get Started
Robert Bales, MD, MPH, FAAFP, William Starks, MD, University of Illinois at Rockford
There is minimal formal teaching on research methods in most medical schools. This session is designed to cover basic topic in clinical research. Our intent is to cover the basics of research methods and help faculty with their ability to teach these concepts to novice researchers at their institutions. This workshop is designed to help students and residents understand how to take a clinical observation, develop that into a question, and design a research study to investigate the question. Further, the content will help faculty members to become more comfortable teaching concepts of clinical research.

B15: [CANCELED]

B16: "Effective Communication Strategies Between Academic Coordinators And Academic Directors"
Kelly Hookstadt, University of Connecticut/St. Francis Hospital & Medical Center; Laura Gibson, Texas A&M University
Even the best programs in the nation would not succeed to their full potential without effective and open communication between Academic Coordinators and Academic Directors. Although Coordinators and Directors have their own roles within a program, it is crucial that they can come together to successfully communicate as a team. This brainstorming session will allow Academic Coordinators and Academic Directors to collaborate nationally to share effective communication strategies that work for them and to also give a time to bring to light any problems that they might be facing at their own programs.

B17: FMIG Faculty Advisor Resources
Ashley DeVilbiss Bieck MPA, American Academy of Family Physicians, Leawood, KS
Faculty that work with and support Family Medicine Interest Groups (FMIGs) have little dedicated time and resources allocated. Sharing best practices, networking between medical schools and sharing information is done through annual meetings. AAFP staff will faciliate discussion between FMIG Faculty Advisors and provide resources and information on deadlines, funding, activities, events and scholarships applicable for student interest programming.

B18: Family Medicine Clerkship Curriculum Next Steps
Heidi Chumley, MD, University of Kansas Medical Center, Kansas City, KS
In August 2009, the National Family Medicine Clerkship Curriculum was completed after a year of work, discussions, and revisions with many members of the Family Medicine family. We defined what was in the national curriculum. The task force has done some preliminary work; however, in order to make this a useful document, we would like your ideas and feedback. Join me for breakfast to share your input!

"STFM REMINDERS"

The STFM Resource Library *(FMDRL)*

CONFERENCE PRESENTERS: Be sure to upload your handout materials to STFM's FMDRL before, during, or after the conference at www.fmdrl.org.

STFM Is an AMAZON.com Associate…

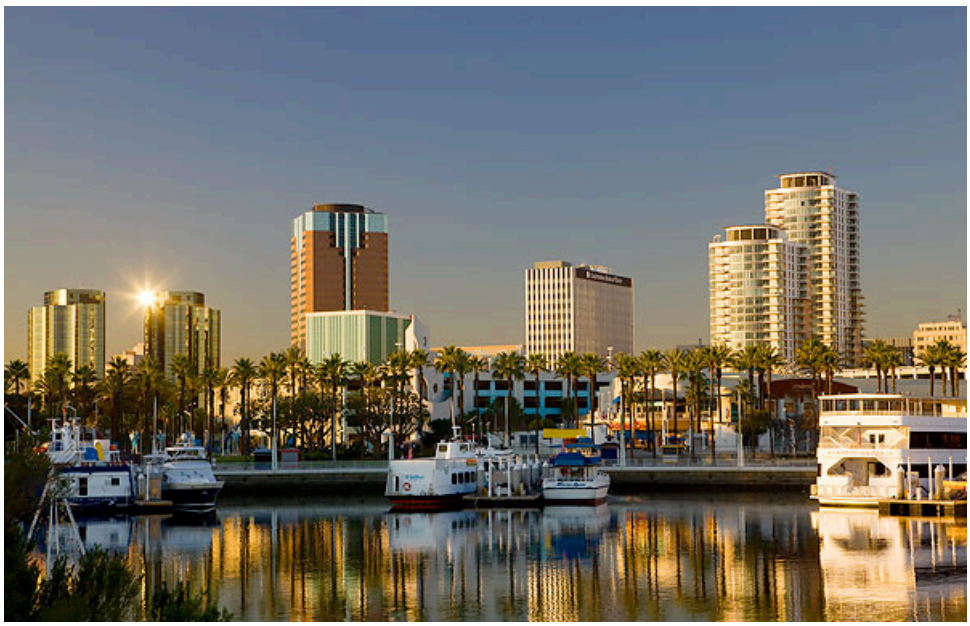
STFM is given a percentage of all transactions (books, cameras, clothing, CDs, DVDs, and more) sold through www.stfm.org/bookstore.
These proceeds will help us continue our financial commitments to important activities like the *Annals of Family Medicine* and Future of Family Medicine programs.

EVALUATIONS…Help STFM Plan the Future of Education

Return your completed SESSION EVALUATION FORMS to the STFM Registration Desk. STFM will collect, collate, and mail this information to lead presenters, following the conference.
Be sure to complete your OVERALL CONFERENCE EVALUATION online at the conference or when you return to your office by visiting www.stfm.org/evaluation.html.

We look forward to seeing you next year in Long Beach, California!

The 2012 Call for Papers will be available online at www.stfm.org in mid-March. A "Reminder Postcard" will be mailed to all STFM members and conference attendees .



DAILY PLANNER/PERSONAL SCHEDULER

Thursday, Jan. 20

Friday, Jan. 21

Saturday, Jan. 22

Sunday, Jan. 23

Conference Notes...

Conference Notes…