



2011 Faculty Development Seminar

"Teachers, Tools and Teamwork"

March 25, 2011

The Rotunda

at

Kingsborough Community College

Brooklyn, NY

**Sponsored
by**



Faculty Development Seminar

"Teachers, Tools and Teamwork"

CONFERENCE DESCRIPTION

This one day conference will feature a group of qualified educators who will use their extensive knowledge to provide the conference participants with an exceptional learning experience. Topics in this educational meeting include: Team Based Learning, Starting Research Programs, Teaching Games, Troubled Residents, Generational Differences, Simulation for Education, and Clinical Skills Tracking.

TARGET AUDIENCE

This course is intended for All Faculty involved in Graduate Medical Education and in Undergraduate Medical Education.

EDUCATIONAL NEEDS AND OBJECTIVES

The 2011 meeting will focus on novel and exciting strategies to educate residents and students with regard to two ACGME Competencies: Practice Based Learning and Improvement and Systems Based Practice. The seminar is also meant to provide opportunities to energize ourselves as educators, and to network with other physician-educators actively engaged in the pursuit of excellence in medical education.

The participants will be extended an opportunity to discuss and address current related issues with the speakers.

Upon completion of the Meeting, participants will:

1. Have a better understanding of Practice Based Learning and Improvement
2. Have a better understanding of Systems Based Practice
3. Be able to teach with Technology in the Exam Room

4. Learn how using Radiology can teach Pathology and Anatomy

5. Learn about using Teams to Improve Systems

6. Learn about 'Near Misses' can Improve Care

PROGRAM SCHEDULE AND REGISTRATION

Plenary sessions and interactive workshops are included in this information-packed program. Outstanding speakers have been chosen for their skills and expertise in the focus topic areas. The program begins on with registration and a networking welcome breakfast. Following will be the Plenary Session and then in the afternoon, participants will attend breakout sessions. A reception will be held at the conclusion of the program. Registration is on-line at:
<http://www.createsurvey.com/c/78709-Do6xCM/>.

ADA STATEMENT

Special needs: In accordance with the Americans with Disabilities Act, SUNY Downstate Medical Center seeks to make this conference accessible to all. If you have a disability, which might require special accommodations, please contact Denise Chung at (718) 221-5344 or e-mail: Denise.Chung@downstate.edu.

CONFERENCE LOCATION

The Rotunda at Kingsborough Community College
2001 Oriental Boulevard
Brooklyn, NY 11235
(718) 265-5343

PARKING

Parking is available free of charge at Kingsborough College. Security personnel will direct attendees to parking.

Faculty Development Seminar Agenda

Program

8:00 am - Breakfast
Conference Registration

8:45 am - Welcoming Remarks Main Rotunda
Program Overview

Nagaraj Gabbur, MD
GMEC Program Chair

9 am - Plenary Session Main Rotunda

**“Building a Culture
of
Healthcare Excellence”**

Patrick Jordan
Disney Institutue

12 pm - LUNCH West Rotunda

Program

Breakout Sessions

Participants will be divided into groups and will attend two sessions in the afternoon:

A) “Improving Systems is a Team Sport”
Michael Giuliano, MD Main Rotunda

B) “Near Miss Analysis: The Missing Tool in Our Armamentarium”
Warren Widmann, MD East Rotunda
Nancy J. Hogle, MPH and Scott Bloom, MD

C) “Teaching Learners the Patient-Centered Use of Technology in the Exam Room”
Thomas Agresta, MD, MBI North Rotunda

D) “Rotating Radiology Exhibits for Medical Students: Using Radiology to Teach Anatomy, Pathology and Diagnostic Imaging”
Lee Eisner, PhD Room M239
Steven Ostrow, MD

E) “Faculty Development Speed Dating”
Robin Dibner, MD South Rotunda

Faculty Development Seminar Agenda

Program

1 - 2:15 pm Breakout Session #1

2:15 - 2:30 pm Coffee Break
West Rotunda

2:30 - 3:50 pm Breakout Seesion #2

3:50 pm Closing Remarks
Main Rotunda

Stephen Wadowski, MD
Associate Dean
Graduate Medical Education
Designated Institutional Officer

4:00 pm Reception
Main Rotunda

Accreditation Statement

The State University of New York (SUNY) Downstate Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

SUNY Downstate Medical Center designates this live for a maximum of 6 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Plenary Session

“Building a Culture of Healthcare Excellence”

Patrick Jordan
Disney Institute

By inspiring leaders and motivating employees, you enable them to satisfy patients and their families, drive financial results and sustain years of referred business. This type of organizational environment can create transformative patient and employee relationships, consistently exceed expectations of patients and their families, and drive a reputation for service excellence.

You will learn the five most powerful lessons in business--lessons carefully developed by the Disney organization in its never-ending pursuit of excellence. These universal assets are the links in the renowned “Chain of Excellence”.

You will learn how you can create a sustainable culture of service that can lead to a competitive edge for your healthcare organization.

- **Adapt time-tested Disney business strategies and practices to improve your healthcare organization**
- **Structure a vision that inspires dedication and commitment among all levels of staff**
- **Adapt key elements of Disney's Approach to People Management to strengthen your operational culture**
- **Develop an organizational environment that supports consistent delivery of exceptional quality service, both internally for employees and externally for your patients and their families**
- **Foster a collaborative environment that draws on the ever-present resources of your entire employee base.**
- **Explore time-tested principles for building and fortifying loyalty and quality of reputation**

Faculty Development Seminar “Teachers, Tools, and Teamwork”

Breakout Sessions

Improving Systems is a Team Sport

Michael Giuliano, MD, MHPE
Assistant Dean of Medical Education
SUNY Downstate Medical Center
Director, Division of Neonatology
Hackensack Medical Center, NJ

Understanding systems of care is hard. Understanding how to improve systems of care is even harder. This workshop will give you a basic understanding of the change process within systems and the primary barriers to change. How to get organized into teams for change, how to develop AIM statements to focus the quality improvement work and how to begin small tests of change will be discussed and demonstrated.

Each person/team will develop a plan for team organization and development to improve patient care. In addition, the teams will create an AIM statement to help guide the improvement plan and propose at least one small test of change.

Faculty Development Seminar “Teachers, Tools, and Teamwork”

Breakout Sessions

Near Miss Analysis: The Missing Tool in Our Armamentarium

Warren Widmann, MD
Associate Chairman and Residency Program Director
Department of Surgery
Staten Island University Hospital, NY

Nancy J. Hogle, MS, RN
Scott Bloom, MD

Near-miss analysis has been of proven benefit in highly complex systems, most notably in the aviation industry. Near-miss analysis has been an under-utilized tool, in general, in the medical field. By use of breakout groups with group leader facilitation we will gather the collective views of faculty and affiliate faculty of the SUNY Downstate Health System, and then with reporting back of each groups' findings we will summarize the experience and opinions of the participants. The group facilitators will record the data on flip-charts. A scribe will enter the data onto an electronic format which will be sent to each participant via e-mail.

Faculty Development Seminar “Teachers, Tools, and Teamwork”

Breakout Sessions

Teaching Learners the Patient-Centered Use of Technology in the Exam Room

Thomas Agresta, MD, MBI

Associate Professor and Director Medical Informatics Family Medicine

Co-Director Biomedical Informatics

Connecticut Institute for Clinical And Translational Science

University of Connecticut Health Center, CT

Faculty educators will be introduced to the concept of patient-centered technology use in an office and hospital room setting and how they might facilitate best practices for students and residents. Information Retrieval tools (such as library resources, patient education materials, referral options etc) and communication methods in medical care is now pervasive and growing daily. There is often a “generational gap” between what learners are using and what current faculty both feel comfortable with and use routinely. Yet there are some principles that can be applied to how clinicians use technology to enhance clinical care that promote rather than subtract from patient-centeredness. This mini-workshop will use a framework developed by the presenter and colleagues at the University of Connecticut to demonstrate how educators can actively promote the use of technology for patient-centered care that improves educational achievements of learners as well as patient and provider satisfaction.

Faculty Development Seminar “Teachers, Tools, and Teamwork”

Breakout Sessions

Rotating Radiology Exhibits for Medical Students: Using Radiology to Teach Anatomy, Pathology and Diagnostic Imaging

Lee Eisner, PhD

Director of MS1 Blood & Lymphoid/Head & Neck Block

Co-Director of Gross Anatomy

Director of Embryology and Developmental Anatomy

Department of Cell Biology

SUNY Downstate Medical Center, NY

Steven Ostrow, MD

Associate Professor

Director of Radiology Education

Department of Radiology and Cell

Biology

SUNY Downstate Medical Center, NY

This workshop will allow attendees to participate in novel sessions that are used to help students learn normal and abnormal anatomy and diagnostic imaging in a clinical and fun way. Using normal and abnormal radiographic, ultrasound and cross-sectional diagnostic images to complement cadaver dissection, lectures and self-study will greatly enhance and expedite a student's learning of 3-D relationships of anatomical structures and pathology for use in physical examination and diagnosis.

Faculty Development Seminar “Teachers, Tools, and Teamwork”

Breakout Sessions

Faculty Development Speed Dating

Robin Dibner, MD
Associate Chairman, Education
Residency Program Director
Department of Medicine
Lenox Hill Hospital, NY

In the current competency-based learning environment, faculty must develop skills in evaluating residents. The goal of this workshop is for each participant to learn about and experience new teaching techniques which inherently include assessments of a resident's ability in several core competencies. Participants will have the opportunity to try out several easily learned approaches, specifically suited for use in the patient's presence. The techniques of One Minute Preceptor, SNAPPS, and the Five Whys will be taught and demonstrated. Then, in a “speed dating” style format, workshop participants will have the opportunity to sequentially experience each technique as both the educator/evaluator and the learner. At the conclusion of the round-robin portion, the groups will reconvene to assess the best settings for each technique and their strengths and pitfalls. This workshop can be utilized and disseminated as a low cost faculty development program they can use at their own institutions. The take-home information will include appropriate case scenarios and a reference list for further reading.

Faculty Development Seminar

“Teachers, Tools, and Teamwork”

Competency Based Evaluation of 3rd Year Medical Students using Mini-Stations

Nagaraj Gabbur, MD

Director of Medical Education

Department of Obstetrics and Gynecology

GME Education Chair

SUNY Downstate Medical Center, NY

Posters

Intorduction: Many medical schools have recently changed curricula to include ACGME Competencies. However, the evaluation of such is still in its infancy. The State University of New York at Downstate College of Medicine is in the midst of curriculum reform. The new curriculum which will include the Competencies is to be implemented in 2012. In advance of these changes, the Ob/Gyn 3rd year medical student clerkship has been changed to not only deliver educational content with the Competencies as a framework but to also evaluate them.

Objective: To evaluate 3rd year medical students in the Ob/Gyn clerkship using the six ACGME Competencies.

Methods: At the end of each 3rd year medical student clerkship, an exam with 5 mini-stations was given. These mini-stations evaluated 5 of the 6 competencies. The 6th competency, Medical Knowledge (MK), was evaluated with the NBME Shelf Exam. Each station is 10 minutes: two were computer stations assessing Patient Care (PC) and Practice Based Learning and Improvement (PBLI); two were essay stations assessing Systems Based Practice (SBP) and Professionalism (P); and one was a station with an actor that assessed Interpersonal and Communication Skills (ICS). Each station was scored out of 20 points. Grading was done by a single evaluator.

Results: 117 students have participated in the Mini-Stations. With respect to MK, there is no difference in NBME Shelf Exam scores compared to the previous year ($p=0.48$). However, students scored 3-6 points higher on the Mini Stations for PC and ICS when compared to those for PBLI, SBP and P ($p<.0001$). Feedback from the students was varied. Comments included: “Not sure what it was intended to test”; “It was fair and some parts were fun and thought provoking”; “I did not understand the purpose of it or how it actually assess our ability to be a doctor”; “Only 2 out of the 5 stations seemed to test our medical knowledge about Ob/Gyn”; “I am now beginning to understand that medicine is not just medical knowledge and that much more is required to be a physician.”

Conclusions: Students fared better with the PC and ICS Competencies. This is not surprising considering that these are the two Competencies that are easier to understand. As is true for many residents, PBLI, SBP, and P are difficult competencies in which to understand and perform well. The students' comments reveal that they are focused on their mastery of medical knowledge and do not understand the nature of the Competencies. Introducing the Competencies during medical school can possibly enhance a student's learning and appreciation for them and it can also provide students with a continuum of education from medical student to resident to attending.

Faculty Development Seminar “Teachers, Tools, and Teamwork”

Practice-Based Learning and Improvement: Using Feedback from a Standardized Patient Experience to Develop an Independent Learning Plan to Improve Interpersonal and Communication Skills in a Primary Care Clerkship

Pamela Sass, MD

Associate Dean for Academic Affairs
Associate Professor of Family Practice
SUNY Downstate Medical Center, NY

Paul Harris, MD

Professor of Pediatrics
Director of Primary Care I and II Clerkships
SUNY Downstate Medical Center, NY

Introduction: A standardized patient (SP) experience with detailed feedback on communications skills can provide external feedback to students who can then create an independent learning plan (ILP). The ability to use feedback to select a skill to work on, to make a plan, carry out the plan and reflect on one's progress is an example of practice based learning and improvement.

Objectives: An educational experience was designed to introduce the following: 1) Concept of meta-cognition of skill development; 2) External feedback to help students analyze their skills, recognize areas in need of improvement, and develop and use an individual learning plan to improve a set of skills

Methods: After an SP exercise, students were given copies of their interpersonal and communication skill evaluation forms to help them formulate an ILP that focused on weaknesses identified by SP feedback. Students practiced at their clerkship sites and turned in a paper at the end of the clerkship that reflected on their experience. It stated whether they had met their ILP goals, and stated plans for further improvement.

Results: This intervention has been done with 85 “reflections” from students. Students worked on: understanding context of the complaint in the patient's life (22 students), verbal skills (21 students), eliciting all concerns (15 students), nonverbal skills (10 students), closure of visit (6 students), eliciting the entire story (6 students), and clarify understanding (4 students). 50 students said that the ILP helped them improve; 11 said no; and 4 were uncertain. A majority indicated the SP feedback was helpful and a significant minority stated that these were unsuspected deficiencies. Reflections revealed that a few students worked on skills by video taping themselves practicing with classmates; a few did minimal work; and the majority just made an effort to improve. Barriers to improvement noted were time pressure of seeing patients and a few noted that they didn't often see patients on their own. During debriefing, students expressed surprise at the need to improve and that students with the most difficulty were likely to discount the validity of the SP feedback. Video taping SP sessions would provide an opportunity for students and faculty to review the experience directly.

Conclusions: Feedback on interpersonal and communication skills by SPs is valued by students and can be used to develop ILPs. These ILPs would be best used at the sites by trained faculty which would require a significant faculty development initiative. Taping the experience would also increase the amount and detail of feedback, especially for students who discount the experience. A summative SP experience would also increase student motivation to work on personal clinical skill development.

Posters

Faculty Development Seminar

“Teachers, Tools, and Teamwork”

Incorporating On-Line Lectures in an Obstetrics and Gynecology Clerkship: A Two Year Experience

Nagaraj Gabbur, MD

Director of Medical Education

Department of Obstetrics and Gynecology

GME Education Chair

SUNY Downstate Medical Center, NY

Gylynthia Trotman, MD, MPH

Leia Medlock, MD, MS

Introduction: Many medical educators have incorporated the use of computer-aided instruction as a means of delivering lectures to students. Previous studies have shown that students participating in an online lecture program saved time and achieved knowledge scores similar to those students who had traditional lectures. While some students thought online learning was a positive experience given its clarity, organization, and ease of use, many still preferred a traditional lecture format.

Objective: To determine if on-line lectures is appealing to medical students in an Ob/Gyn clerkship.

Methods: Traditional lectures given by the Ob/Gyn faculty at SUNY Downstate Medical Center were recorded using the Tegrity Web-Learner System. These lectures were placed on-line for viewing. Students were assigned to view lectures on-line. Concurrently, case-based learning sessions were held by faculty. These sessions took only half the time of traditional lectures. Upon completion of the clerkship a survey was sent via e-mail to provide student feedback about the online lectures.

Results: 277 students completed the survey (69% of students) over two years. 48% were male and 92% were below the age of 29. Most students (98%) owned a computer and 91% used the internet up to 15 hours/week. 81% used the internet off campus making it much easier for them to view the on-line lectures. Most students liked the incorporation of the computer into their medical studies (93%) and felt comfortable with it (99%). 84% felt the video lectures were of good quality. 87% felt that the video lectures were helpful. 75% of students liked the combination of live and online lectures. However this did not replace the importance of a preceptor in the education of the students as 72% found their attending preceptor very useful.

Conclusions: The incorporation of on-line lectures was deemed to be a useful adjunct to medical school education in the Ob/Gyn clerkship. It allowed students to access material at their convenience and it reduced the time spent on campus for traditional lectures. The case-based learning sessions allowed for further problem solving and integration skills.

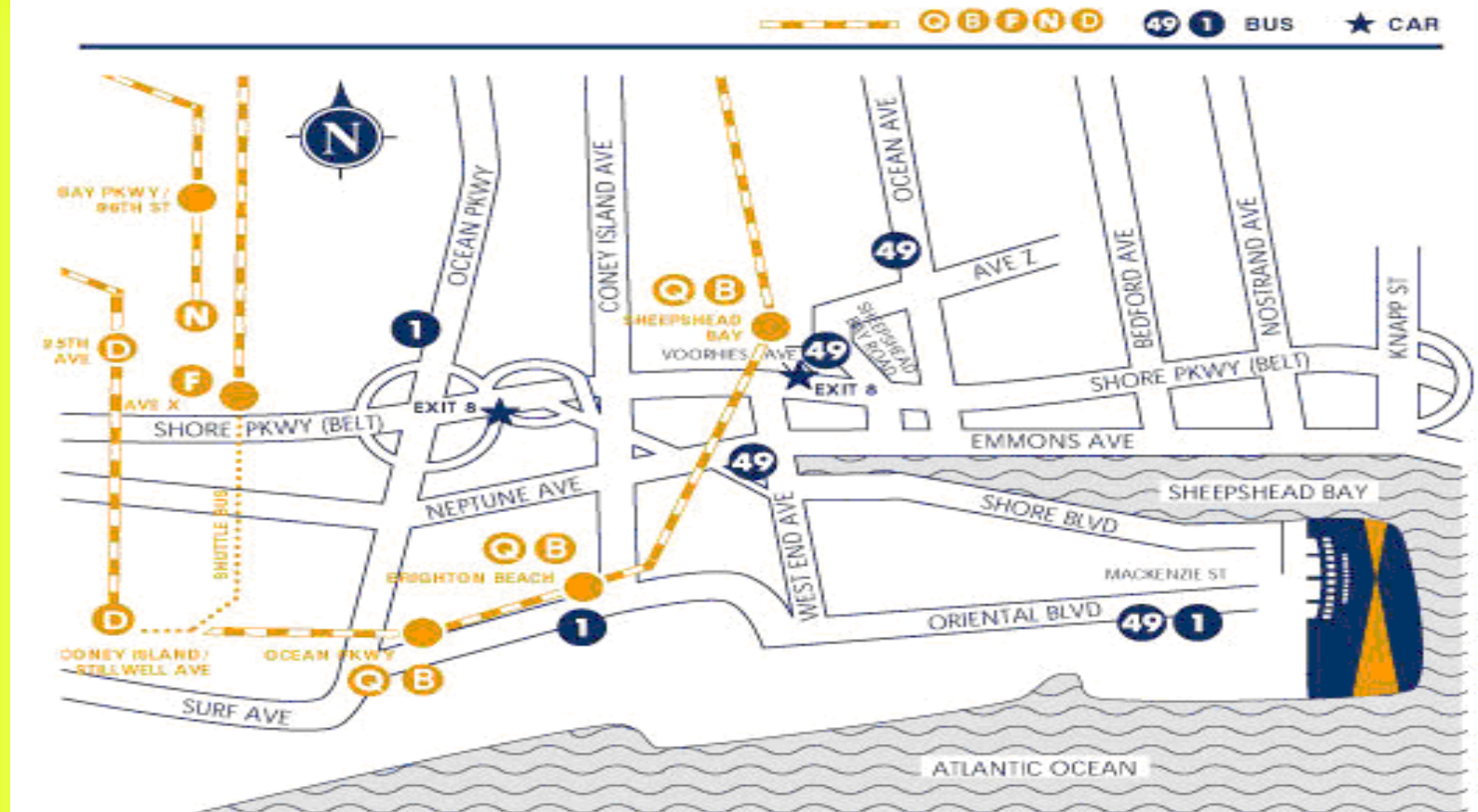
Posters

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Affiliates

Brookdale University Hospital
Coney Island Medical Center
Interfaith Medical Center
Kings County Hospital Center
Lenox Hill Hospital
Long Island College Hospital
Lutheran Medical Center
Maimonides Medical Center
North Shore University Hospital
Staten Island University Hospital
SUNY Downstate Medical Center
St. John's Episcopal Hospital
Brooklyn Campus - Veterans Administration N.Y. Harbor
Healthcare System

Directions To The Campus



By car from Manhattan and Staten Island:

Belt Pkwy eastbound to Exit 8A (Coney Island Ave.). Cross Coney Island Ave. and continue along Guider Ave. to the traffic light. Turn right onto E. 12th St. for one block. Turn left onto Neptune Ave. at the traffic light. Turn right at traffic light onto Cass Pl. and proceed to the second traffic light. Turn right onto West End Ave. Turn left at second traffic light onto Oriental Blvd, which leads directly to the College.

From Queens and Nassau:

Belt Pkwy westbound to Exit 8A (Coney Island Ave.). Turn right onto Voorhies Ave. Turn right at second traffic light to Sheepshead Bay Rd. At third traffic light turn right onto Emmons Ave. At second traffic light turn left onto West End Ave. Turn left at the third traffic light onto Oriental Blvd.