



ACGME

Accreditation Council for Graduate Medical Education

The 2014 ACGME Annual Educational Conference

February 27–March 2, 2014
Gaylord National
National Harbor, Maryland

Register online at www.acgme.org by February 1, 2014.

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Conference Overview

The ACGME is pleased to invite you to the 2014 Annual Educational Conference being held in National Harbor, Maryland at the Gaylord National Resort and Convention Center. Last year's Annual Educational Conference broke all previous attendance records and we anticipate that this will be another highly successful conference. Several changes have been made this year to accommodate the increased number of attendees. We have expanded the pre-conferences and increased the number of sessions available to attendees, and we are also repeating some of the more popular sessions.

The 2014 Annual Educational Conference will now include educational exhibits from vendors whose products enhance the field of graduate medical education. We look forward to offering this opportunity for you to interact with these representatives and become knowledgeable about their products.

The conference will begin on Thursday, February 27 with three full-day pre-conferences. The popular *Introductory Course for New Program Directors* has been revamped and will provide pertinent information on accreditation for new program directors, as well as the "other" duties and responsibilities of the program director. This year's Coordinator Forum titled *Accreditation Reinvented: Welcome to NAS*, will provide both plenary and workshop sessions designed for both new and experienced program and institutional coordinators. Last year's successful course for new designated institutional officials, titled *DIO 101: Building Basics and Beyond* will also be offered on Thursday.

This year's conference will offer more than 100 sessions for program directors, coordinators, designated institutional officials, and other GME educators. A highly competitive call for workshops and didactic sessions yielded strong input from the community, with more than 50 sessions accepted from the graduate medical education arena. Sessions will provide a strong focus on the components of the NAS including the teaching and assessment of milestones, the Clinical Learning Environment Review (CLER), Clinical Competency Committees, and experiences from Phase I programs. Additional topics will also include faculty development, engaging faculty and residents in patient safety and quality improvement, resident remediation, and resident well-being. The ACGME technology sessions include informal technology open houses on Friday, February 28 and Saturday, March 1, as well as an Accreditation Data Systems update on Friday morning. The Marvin R. Dunn Poster Session is scheduled for Friday, February 28, from 5:30 pm – 7:30 pm, and will highlight innovative approaches in GME, both nationally and internationally.

Conference registration opens in mid-November. To register for the conference, go to www.acgme.org and click on "2014 ACGME Annual Educational Conference." Only online registration is available; faxed or mail-in registrations will **not** be accepted. Registration for sessions is done on a first-come, first-served basis, so be sure and register early!

On-site registration will be available for the Annual Educational Conference only; **pre-registration is required to attend the *Introductory Course for New Program Directors*, *DIO 101: Building Basics and Beyond*, or the *Coordinator Forum – Accreditation Reinvented: Welcome to NAS*.** The registration deadline is February 1, 2014.

Register online at www.acgme.org by February 1, 2014.

Conference Highlights:

- *Introductory Course for New Program Directors*
- *DIO 101: Building Basics and Beyond*
- Coordinator Forum – *Accreditation Reinvented: Welcome to NAS*
- Educational Exhibit Hall
- Focused Mini-Courses
- Hospital-based, Institutional, Medical, and Surgical Accreditation Town Halls
- Sessions relating to the Next Accreditation System (NAS), Clinical Learning Environment Review (CLER), Faculty Development, Teaching and Assessing the Milestones, Patient Safety and Quality Improvement, Resident Well-Being, and other relevant topics
- Marvin R. Dunn Poster Session and Reception

Agenda

Wednesday, February 26	
6:00 pm – 8:30 pm	Conference Registration
Thursday, February 27	
6:30 am – 8:30 pm	Conference Registration
7:00 am – 8:30 am	Continental Breakfast
8:30 am – 5:00 pm	PC001 <i>Introductory Course for New Program Directors</i>
8:30 am – 5:00 pm	PC002 <i>Coordinator Forum – Accreditation Reinvented: Welcome to NAS*</i>
8:00 am – 4:30 pm	PC003 <i>DIO 101: Building Basics and Beyond</i>
5:30 pm – 8:30 pm	Conference Welcoming Reception
Friday, February 28	
7:00 am – 7:45 am	Continental Breakfast
7:00 am – 5:00 pm	Conference Registration
8:00 am – 8:30 am	Welcome and Opening Remarks Presentation of Nathan K. Blank Fellowship Award Presentation of ACGME Awards
8:30 am – 10:00 am	CEO Introductory Address
10:00 am – 5:00 pm	Walk-in Technical Support Sessions for ACGME Data Collection Systems*
10:00 am – 10:30 am	Break
10:30 am – 12:00 pm	SES001 <i>The Site Visit in the Next Accreditation System: Overview and Responses to Frequently Asked Questions</i>
	SES002 <i>Coordinator Plenary: Updates from the Field*</i>
	SES003 <i>Deconstructing the Revised Institutional Requirements</i>
	SES004 <i>Town Hall – Surgical Accreditation</i>
	SES005 <i>Assessing Resident Transitions of Care Competency Using Simulated Patient Encounters</i>
	SES006 <i>Implementing Religio-Cultural Competence Education for Medical Residents: A Case Study at Maria Fareri Children’s Hospital</i>
	SES007 <i>Coaching: Not Just for Sports Anymore</i>
	SES008 <i>Accreditation Data Systems – Update</i>
	SES009 <i>Can We Talk??? A Workshop for Developing Communication Strategies for Having Difficult Conversations (Limited to 100 participants)</i>
	SES010 <i>“Caught in the Middle”: The Resident’s Dual Perspective on Learner Mistreatment (Limited to 100 participants)</i>
	SES011 <i>They Have Only Just Begun: Clinical Competency Committees as Part of NAS (Limited to 100 participants)</i>
	SES012 <i>Effective Use of Clinical Teaching Models (Limited to 100 participants)</i>
	SES013 <i>Competencies, Milestones, and EPAs: Leveraging iPads for Medical Education across the Continuum (Limited to 100 participants)</i>
	SES014 <i>New Tools for Incorporating Quality Improvement/Patient Safety into Residency Training (Limited to 100 participants)</i>

Friday, February 28	
10:30 am – 12:00 pm	SES015 Specialty Update – Pathology
12:00 pm – 1:15 pm	Lunch
1:30 pm – 3:00 pm	SES016 Specialty Update – Internal Medicine
	SES017 Specialty Update – Pediatrics
	SES018 Specialty Update – Emergency Medicine
	SES019 Specialty Update – Psychiatry
	SES020 Specialty Update – Surgery
	SES021 Specialty Update – Neurological Surgery
	SES022 Specialty Update – Medical Genetics
	SES023 Specialty Update – Transitional Year
	SES024 Specialty Update – Ophthalmology
	SES025 Specialty Update – Family Medicine
	SES026 Institutional Oversight in the Next Accreditation System
	SES027 Oral Poster Presentations I*
	SES028 Transitioning to the Next Accreditation System – Radiation Oncology
	SES029 The Impact that Growing Up in a Digital World has on Graduate Medical Education
	SES030 Innovative Practical Tools to Enhance Resident Supervision
	SES031 The Creation of a House Staff Quality Council to Engage Residents in Patient Safety and Quality Improvement Organizational Priorities – Preparing for NAS
	SES032 Meaning beyond Numbers: The Power of Qualitative Inquiry for Program Assessment
	SES033 Skip Logic Evaluations: A Novel Approach for Milestone Assessment <i>(Limited to 100 participants)</i>
	SES034 Team-Based Learning and Simulation in Medical Education <i>(Limited to 100 participants)</i>
	SES035 Building a Better Resident – It Takes a Village: Faculty Development for the NAS <i>(Limited to 100 participants)</i>
	SES036 Extreme Makeover: Didactic Edition <i>(Limited to 100 participants)</i>
	SES037 Designing a Sustainable Education Administrative Structure for Residency: Creating Great Partnerships <i>(Limited to 100 participants)</i>
	SES038 Teaching and Assessing Evidence-Based Medicine in the Age of Milestones <i>(Limited to 100 participants)</i>
3:00 pm – 3:30 pm	Break
3:30 pm – 5:00 pm	SES039 Specialty Update – Internal Medicine Subspecialties
	SES040 Specialty Update – Physical Medicine and Rehabilitation
	SES041 Specialty Update – Diagnostic Radiology
	SES042 Specialty Update – Neurology
	SES043 Specialty Update – Plastic Surgery
	SES044 Specialty Update – Orthopaedic Surgery

Friday, February 28	
3:30 pm – 5:00 pm	SES045 Specialty Update – Urology
	SES046 Specialty Update – Anesthesiology
	SES047 Specialty Update – Radiation Oncology
	SES048 Specialty Update – Dermatology
	SES049 Oral Poster Presentations II*
	SES050 The Clinical Learning Environment: Perspectives from the C-Suite
	SES051 Building a National Residency Match: Experiences from the UAE
	SES052 Systems and Teamwork in the Emergency Management in Surgery (STEMS) Program – A Multidimensional Learning Framework for Achieving the Competencies in Junior Surgical Residency
	SES053 A Tale of Two Retreats: Two Approaches to Chief Resident Development
	SES054 Teaching Value-Based Care to Residents
	SES055 Leading Transitions in the GME Community
	SES056 Transitions of (Educational) Care: Applying Lessons Learned from Annual Program Evaluation and Internal Reviews to Pilot Education Competency Committees <i>(Limited to 100 participants)</i>
	SES057 What We Can Learn from the Neurobiology of Learning <i>(Limited to 100 participants)</i>
	SES058 Building Bridges: Developing Institutional Infrastructure and a Strategic Plan to Align the Quality and Safety Mission of Teaching Hospitals and Their Graduate Medical Education Programs <i>(Limited to 100 participants)</i>
	SES059 Case Studies in Feedback <i>(Limited to 100 participants)</i>
	SES060 Surgical Residency and Clerkship Cooperation – Education and Economic Pros and Cons of Integrated, Hybrid, and Parallel Tracks Models <i>(Limited to 100 participants)</i>
	SES061 Publishing Your Medical Education Research in the Journal of Graduate Medical Education
5:30 pm – 7:30 pm	Marvin R. Dunn Poster Session and Reception
Saturday, March 1	
6:30 am – 8:00 am	Continental Breakfast
7:00 am – 5:00 pm	Conference Registration
8:30 am – 5:00 pm	Walk-in Technical Support Sessions for ACGME Data Collection Systems*
7:15 am – 10:15 am Mini-Courses <i>(Limited to 80 participants)</i>	SES062 Realizing the Promise of Competency-Based Medical Education and the Next Accreditation System to Improve Residency Training and Patient Care
	SES063 Teaching, Assessing, and Remediating in the Age of Milestones: A General Surgery Simulation and AV Curriculum
	SES064 Reality or Fantasy: Institutional NASboard to Monitor Effectiveness in the CLER 6 Focus Areas
	SES065 Presentation Design for Medical Educators – A Missing Piece of Faculty Development

Saturday, March 1	
7:15 am – 10:15 am	SES066 Breaches of Professionalism: What Will You Do?
	SES067 Teaching Communication Skills Using Advanced Role-Playing Techniques
	SES068 Translating Multiple Evaluation Vocabularies to a Single Competency Graph and Meaningful Milestone Map for Residents
	SES069 The I-PASS Handoff Process: Teaching and Evaluating a Standardized Approach to Transitions in Care
8:30 am – 10:00 am	SES070 Patient Safety and CLER: Voices from the Field
	SES071 Town Hall – Hospital-Based Accreditation
	SES072 Ask the Site Visitors
	SES073 Defining Institutional Accreditation for Single Program Institutions
	SES074 Assessing Resident Milestones Using a Comprehensive Assessment of a Simulated Patient Encounter (CASPE)
	SES075 Improving Learning Outcomes and Resident Perceptions: The Science and Craft of Milestone-Specific Feedback
	SES076 Program Improvement Plan – An Approach to GMEC Oversight of Annual Program Reviews in a Large Academic Medical Center
	SES077 A Roadmap for Interprofessional Education in the Clinical Learning Environment
	SES078 Residents as Agents of Change in the Ambulatory Setting: Successes and Challenges of Implementing a Continuity Clinic-Based Quality Improvement Curriculum for Internal Medicine Residents
	SES079 A CLER Plan – Implementing a Patient Safety Council for Residents and Fellows
	SES080 Improving Survey Instruments for Medical Education Research
	SES081 Managing the Poorly Performing Residents (<i>Limited to 100 participants</i>)
	SES082 They Have Only Just Begun: Clinical Competency Committees as Part of NAS (<i>Limited to 100 participants</i>)
	SES083 Pinpointing Professionalism Issues for Struggling House Staff (<i>Limited to 100 participants</i>)
SES084 Turn Your Current Assessment Tools into NAS Reporting Gold (<i>Limited to 100 participants</i>)	
SES085 Developing Faculty Skills in Veteran-Centered Care and Military Disparities: Understanding Where Soldiers Really Come From (<i>Limited to 100 participants</i>)	
SES086 Even One is Too Many: Suicide Prevention in Residencies (<i>Limited to 100 participants</i>)	
10:00 am – 10:30 am	Break
10:30 am – 12:00 pm	SES087 Marvin R. Dunn Keynote Address
12:00 pm – 2:00 pm	Lunch on Own
2:00 pm – 5:00 pm Mini-Courses (<i>Limited to 80 participants</i>)	SES088 Realizing the Promise of Competency-Based Medical Education and the Next Accreditation System to Improve Residency Training and Patient Care
	SES089 Teaching, Assessing, and Remediating in the Age of Milestones: A General Surgery Simulation and AV Curriculum

Saturday, March 1	
2:00 pm – 5:00 pm	SES090 Reality or Fantasy: Institutional NASboard to Monitor Effectiveness in the CLER 6 Focus Areas
	SES091 Presentation Design for Medical Educators – A Missing Piece of Faculty Development
	SES092 Breaches of Professionalism: What Will You Do?
	SES093 Teaching Communication Skills Using Advanced Role-Playing Techniques
	SES094 Translating Multiple Evaluation Vocabularies to a Single Competency Graph and Meaningful Milestone Map for Residents
2:00 pm – 3:30 pm	SES095 The I-PASS Handoff Process: Teaching and Evaluating a Standardized Approach to Transitions in Care
	SES096 Coordinator Plenary: Reflections on Transitioning to NAS*
	SES097 LGBT Health: Educating Physicians to Provide Equitable and Quality Care
	SES098 Town Hall – Medical Accreditation
	SES099 Quality Improvement and CLER: Engaging Residents to Improve Systems of Care
	SES100 From the ED to Inpatient: Improving the Safety and Efficacy of an Interdepartmental Handoff Process
	SES101 Automated Near Real-Time Clinical Performance Feedback for Residents: One Piece of the Milestones Puzzle
	SES102 Nathan K. Blank Fellowship Awardee Presentations
	SES103 Patient Safety is King: Teaching Learners Methods to Better Prevent Medical Errors (<i>Limited to 100 participants</i>)
	SES104 “Caught in the Middle”: The Resident’s Dual Perspective on Learner Mistreatment (<i>Limited to 100 participants</i>)
	SES105 Teaching Your Core Faculty to Write EPAs for Their Own Discipline: Meaningful Milestone-Based Assessments Your Faculty Understand and Want to Use! (<i>Limited to 100 participants</i>)
	SES106 Burnout in Pediatrics Residents and Fellows: Constructing a Program to Focus on Diagnosis, Prevention, and Intervention (<i>Limited to 100 participants</i>)
	SES107 Diagnosing and Treating the Difficult Learner – An Interactive Workshop (<i>Limited to 100 participants</i>)
	SES108 Resident Remediation: Using Milestones to Develop Individualized, Criterion-Based Resident Improvement Plans (<i>Limited to 100 participants</i>)
	SES109 Supporting Faculty in Their Teaching Role: Needs, Challenges, and Solutions for Faculty Development Programs (<i>Limited to 100 participants</i>)
3:45 pm – 5:15 pm	SES110 Specialty Update – Preventive Medicine
	SES111 Specialty Update – Colon and Rectal Surgery
	SES112 Specialty Update – Obstetrics and Gynecology
	SES113 Specialty Update – Thoracic Surgery
	SES114 Town Hall – Institutional Section

Saturday, March 1	
3:45 pm – 5:15 pm	SES115 Specialty Update – Nuclear Medicine
	SES116 Specialty Update – Allergy and Immunology
	SES117 Specialty Update – Otolaryngology
	SES118 Preparing for the NAS Program Self-Study
	SES119 How to Develop a Successful Competency Committee
	SES120 Using Simulation to Assess Milestones
	SES121 Novel Use of Electronic Portfolios to Track Program Compliance with ACGME Standards within the Institution
	SES122 Practical Ways to Engage Faculty and Residents in Patient Safety
	SES123 A Data Driven Examination of Physician Wellness and What It Means <i>(Limited to 100 participants)</i>
	SES124 Optimizing Resident Remediation: Reducing Frustration and Demoralization <i>(Limited to 100 participants)</i>
	SES125 Faculty Development for the ACGME Milestone Construct – Many Paths to Faculty Competence <i>(Limited to 100 participants)</i>
	SES126 Making Your Hospital Safer: Simple Strategies to Better Systems <i>(Limited to 100 participants)</i>
	SES127 Transitions of (Educational) Care: Applying Lessons Learned from Annual Program Evaluation and Internal Reviews to Pilot Education Competency Committees <i>(Limited to 100 participants)</i>
	SES128 Who's in My Neighborhood? Increasing Resident Understanding of Diversity and Disparity <i>(Limited to 100 participants)</i>
	SES129 Introducing a Structured Education Program Where None Existed: Taking the Best from the United Kingdom Specialty Training Program and the United States Residency Programs
	SES130 Faculty Assessment of Competency Using QR Reader
Sunday, March 2	
7:00 am – 8:15 am	Continental Breakfast
8:30 am – 10:00 am	SES131 Seeking Excellence in the Clinical Learning Environments
10:00 am – 10:30 am	Break
10:30 am – 12:00 pm	SES132 Milestones and GME Transformation: Where Are We Now and Where Should We Be Going?

Session Descriptions

Thursday, February 27

<p>PC001 8:30 am – 5:00 pm <i>Mary Lieh-Lai, MD;</i> <i>Louis Ling, MD;</i> <i>John Potts, MD;</i> <i>Rebecca Miller, MS</i></p>	<p><i>Introductory Course for New Program Directors</i> This introductory course is designed to orient new program directors to the ACGME and the Next Accreditation System (NAS), ACGME data collection systems, milestones, Clinical Competency Committees, Annual Program Evaluation, and the Program Evaluation Committee. For those who choose to attend, a session on “Application for a New Program” will be presented at the end of the day. The introductory course will feature the ACGME Senior Vice Presidents for Medical, Surgical, and Hospital-based Accreditation, as well as the Senior Vice President for Applications and Data Analysis as speakers. <i>Target Audience: Program Directors</i></p>
8:30 am	<p>Introduction <i>Mary Lieh-Lai, MD</i></p>
8:50 am	<p>History and Structure of the ACGME <i>Louis Ling, MD</i></p>
9:20 am	<p>Small Group Case Discussions: “Program Issues” – 6 Cases <i>Mary Lieh-Lai, MD; Louis Ling, MD; John Potts, MD</i></p>
9:25 am	<p>Table Discussion <i>Mary Lieh-Lai, MD; Louis Ling, MD; John Potts, MD</i></p>
9:55 am	<p>Table Report Out/Discussion <i>Mary Lieh-Lai, MD; Louis Ling, MD; John Potts, MD</i></p>
10:25 am	<p>Break</p>
10:40 am	<p>Written Jobs of the PD: The Common Program Requirements <i>John Potts, MD</i></p>
11:40 am	<p>Lunch</p>
12:00 pm	<p>Financial Aspects of GME <i>Louis Ling, MD</i></p>
12:20 pm	<p>Accreditation Data Systems <i>Rebecca Miller, MS</i></p>
1:05 pm	<p>Practical Aspects of NAS at the Program Level <i>John Potts, MD</i></p>
1:35 pm	<p>Milestones, Clinical Competency Committees <i>Mary Lieh-Lai, MD</i></p>
2:05 pm	<p>Program Evaluation Committee and the Annual Program Evaluation <i>Louis Ling, MD</i></p>
2:35 pm	<p>Break</p>
2:45 pm	<p>Small Group Discussion: “Resident Issues” – 6 Cases <i>Mary Lieh-Lai, MD; Louis Ling, MD; John Potts, MD</i></p>
2:50 pm	<p>Table Discussion <i>Mary Lieh-Lai, MD; Louis Ling, MD; John Potts, MD</i></p>
3:20 pm	<p>Table Report Out <i>Mary Lieh-Lai, MD; Louis Ling, MD; John Potts, MD</i></p>
3:50 pm	<p>Unwritten Jobs of the PD <i>Mary Lieh-Lai, MD</i></p>
4:20 pm	<p>Closing Comments <i>Louis Ling, MD</i></p>
4:25 pm	<p>Application for a New Program <i>John Potts, MD</i></p>
5:00 pm	<p>Adjourn</p>
5:30 pm	<p>Welcoming Reception</p>

Thursday, February 27

PC002 8:30 am – 5:00 pm

Facilitator:

Debra Dooley

Coordinator Forum – Accreditation Reinvented: Welcome to NAS*

This year's theme of The Coordinator Forum, "Accreditation Reinvented: Welcome to NAS", will focus on the components of the ACGME's new accreditation system which will now include all specialties. The seven specialties from Phase I are fully integrated into NAS, with the remaining 20 specialties preparing for full integration on July 1, 2014. This forum will offer breakout sessions regarding the various components of NAS such as assessment using the milestones, forming Clinical Competency Committees, and Annual Program Reviews provided by ACGME staff, as well as members of the graduate medical education community. This forum will also include a number of topics designed to highlight areas of professional development for the coordinator position. As always, the forum will provide coordinators with an opportunity to engage with their peers and share best practices on issues that are vital to their training programs.

Target Audience: Coordinators

8:30 am **Welcome to NAS**

Debra Dooley

8:45 am **Making Milestones Real: Your Role as a Coordinator**

Eric Holmboe, MD

9:45 am **Break**10:00 am **BR01 Milestones Going Live: Knowledge and Skills for Coordinators in the Eye of the Storm**

Meir Chernofsky, MD; J. Thomas McLarney, MD

The presenters will briefly define terms related to milestones and review the "how we got here." Then presenters will role-play various people that coordinators encounter daily with questions and complaints related to milestones. Participants (on a voluntary basis!) will be invited to serve as the coordinator addressing the question. Together the presenters and participants will identify the challenge posed.

Target Audience: Residency Coordinators, Fellowship Coordinators

BR02 Welcome to NAS: A Look at Changes to the Program Requirements and ACGME Policies and Procedures

Tami Walters; Kathy Malloy

This breakout session will provide a closer look at the revisions made to the Common Program Requirements in preparation for the full implementation of the Next Accreditation System, as well as a review of the pertinent changes in ACGME policies and procedures and the effect they will have on residency programs.

Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators

Thursday, February 27

10:00 am

BR03 Ensuring the Continuity of Your Program and Developing the Coordinator Inside*Beth Payne, MAEd, C-TAGME; Yvette Foster*

Recognizing that the coordinator role is changing and changeover is inevitable, the Program Continuity Project aims to establish a living collection of documents that will encourage a continuous flow of information and practices within a given program. Establishment of this document and set of practices will help minimize any errors resulting from changeover and provides an opportunity for coordinators to critically evaluate their information and procedures. The role of administrators and coordinators in graduate medical education embodies that of a community of leaders and learners. Coordinator-driven activities should be documented to promote the sharing of ideas and support for all persons managing post-graduate training programs. Each coordinator brings a rich background of individual experiences and by exploring that background via an educational portfolio, coordinators will be able to create ideas and opportunities to develop innovative learning environments for career growth, advancement, and self-development. Involvement in both the continuity binder and educational portfolio initiatives also allows coordinators to work in collaboration with GME offices and program leadership on shared projects to improve organizational and educational processes throughout the program, institution, and national organizations. This breakout session will provide an overview of the need to assemble both a binder for the program to illustrate the benefits for continuity as a coordinator, and an educational portfolio to highlight individual accomplishments. Both items demonstrate the use of an inexpensive teaching tool and resource to the program in promoting and supporting the retention of coordinators.

*Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators***BR04 Evaluation 101 for Program Coordinators: The Basics of Effective Evaluations in the Era of NAS***Ann Dohn, MA; Nancy Piro, PhD*

This breakout session will focus on the development of reliable questions, metrics, and scales in evaluation tools. In the era of NAS, coordinators need to be familiar with evaluation fundamentals as they apply to the milestones, the competencies, and all other program evaluations such as transitions of care. Presenters will share background data on different types of bias in evaluations, questions, and scales, and how to detect and eliminate it. This breakout session is interactive, allowing participants to engage in the production of sample evaluations.

*Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators***BR05 The Many Facets of Education Coordinators***Beth Bogedain; Julie Smith, MBA*

In the ever-changing world of graduate medical education, coordinators have a direct impact on the satisfaction of trainees in their programs. This role begins during recruitment and extends through graduation. Coordinators are the key influence in their trainees' quality of life during training, they provide assistance with navigating through the institutional system, and they often become personal support systems throughout the program.

Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators

Thursday, February 27

10:00 am

BR06 Top 10 NAS Changes: Let's Get Real*Margaret Mulligan, PhD; Kathleen Quinn-Leering, PhD*

The Next Accreditation System (NAS) represents a transformation in graduate medical education and it has led to many changes in a short period of time. It often feels overwhelming to keep up with the new and revised requirements, let alone know what to do about them! This breakout session will identify the Top 10 NAS changes coordinators really need to focus on and outline the steps that should be taken to ensure compliance with the ACGME requirements. This interactive breakout session will provide an opportunity for attendees to share their concerns, questions, and solutions regarding NAS. Attendees should leave the breakout session feeling more comfortable with NAS and confident in the role they can play to help their program or institution successfully adapt to the key changes taking place.

*Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators***BR07 A Step-wise Approach to Remediation***Denise Dupras, MD, PhD; Randall Edson, MD*

This interactive breakout session will provide an approach to dealing with trainees who have performance issues. The speakers will present background information on what is known about this issue, provide a framework for addressing the issues, and show how milestones in the Next Accreditation System can be used to assess performance and provide a roadmap for remediation of deficiencies in clinical competency.

*Target Audience: Residency Coordinators, Fellowship Coordinators***BR08 International Rotations for Residents: Progress, Pitfalls, Prognosis***Margaret Tarpley, MLS; Kyla Terhune, MD*

In the 3rd year of an ACGME RRC-approved elective surgery rotation, the clinical and cultural value of the experience has been demonstrated through follow-up questionnaires and the debriefing of returning residents, as well as the annual approval for cooperation from the Kenya host medical center. However, continual assessment and adjustments are necessary. Major issues involve appropriateness of 4th year for rotation, variability in number of residents electing the rotation, coordination with host institution regarding dates and housing availability, and preparation and orientation for health and safety. Residents go into the 4th year because the chief year is not allowed and they offer a higher expertise level than 3rd years; however, 4th year residents are affected by fellowship interviews and family expansion (pregnancy). Because an elective permits choice, variation in number wanting the rotation ranged from all eight of the 1st year to only two the 3rd year; therefore, annual adjustments to the alternative are needed. The host institution supervising the surgeon's travel and leave schedule as well as availability of host housing affect the resident's rotation schedule. The number of times to reiterate safety or health guidelines is not certain, because even with clearly written rules, sometimes unsafe activities are undertaken such as operating vehicles or traveling after dark. The feedback from residents suggests that the clinical and cultural experiences of practicing surgery in a resource-challenged environment far outweigh the issues. An open discussion is encouraged involving programs that are already sending residents on an international rotation as well as those who are contemplating such an experience. Maximizing the educational value, cultural sensitivity, and reducing risks as much as possible are imperative; sharing experiences, both positive and negative, will increase the likelihood of that happening.

Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators

Thursday, February 27

- BR09 Your CCC Needs You! Coordinators as Substantive Contributors to the Clinical Competency Committee**
Jill Craig
 As many programs develop a Clinical Competency Committee (CCC) for the first time, coordinators everywhere want to know, "how do I fit in?" Most guidelines, if they mention coordinators at all, only state that coordinators should facilitate meetings and upload data; but your CCC needs you for much more than meeting planning and data entry. This breakout session will 1) examine the structure and function of the CCC; 2) help you determine how to play a substantive role in your CCC; 3) review current guidelines for coordinator involvement in specialties where the language exists; and 4) discuss why coordinator involvement in the CCC is good for your professional development, your program, and your CCC.
Target Audience: Residency Coordinators
- 11:15 am **BR10 Recruiting in the New Technological Era**
Linda Bergstrom; Erika Robinson
 With a world full of technological advances and communications, what are the appropriate ways to assist in recruiting in this new age? Does email still outweigh all other forms of communication to a prospective applicant or does Instant Messenger? Should a program consider a Facebook account and what should be on that Facebook page? This breakout session will provide some key elements and the pros and cons of several recruiting ideas in the new technological realm.
Target Audience: Residency Coordinators
- BR11 Leadership Skills for Coordinators**
Laura Gibson, C-TAGME
 This breakout session will introduce and model techniques for coordinators to enhance inter-professional communication, effectively manage conflict, use feedback for professional growth, and improve relationships with peers, faculty, and institutional leadership.
Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators
- BR12 Milestones from the Administrator's View**
Jennifer Stubbs, MBA
 With the Next Accreditation System in process or looming on the horizon, the need to create meaningful and accurate ways to assess and report milestones is imperative. In this one-hour breakout session the attendees will hear one institution's process of implementing milestones, including the creation of Entrustable Professional Activities (EPAs) and gaining faculty buy-in.
Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators
- BR13 The Development of the Clinical Competency Committee: "Connecting the Dots"**
Bonnie Schuster, MEd; Judy Marshall
 It is essential for coordinators to become familiar with the process used to create and organize a Clinical Competency Committee (CCC). This course will examine the process the presenters recently undertook assisting in the said formation and implementation of a CCC. The breakout session will explore the challenges related to the formation and implementation of a CCC and answer many of the relevant questions. The participants will have a chance to analyze the tools provided and discuss the issues as related to their own programs. During the wrap-up of the breakout session, participants will have a chance to network and share ideas.
Target Audience: Residency Coordinators, Fellowship Coordinators

Thursday, February 27

11:15 am

BR14 Do Your Graduates Stand Out from the Rest? A Residency Distinctions Program to Motivate Trainees, Augment Unique Skills, and Enter the Workforce or Fellowship a Step Ahead*Dominique Cosco, MD*

Competitive training programs must provide a means to cultivate and develop specialized skills of professional practice outside of clinical care. Many trainees enter residency with unique passions or talents without necessarily having an outlet to express them within their professional training. The speaker designed a set of internal medicine residency distinctions programs to cultivate residents' unique interests and further develop specialized skills through a structured process that permits individualized training and experience. Residents may electively choose to join any of five mentored distinctions programs (Global Health, Hospital-Based Practice, Medical Informatics, Service in Medicine, or Teaching-Education) during their training. Each distinctions program tailors a training and development experience for the participating resident(s). Each individual distinctions program engenders independent work and self-study in addition to offering mentored practical training.

*Target Audience: Residency Coordinators, Institutional Coordinators***BR15 Annual Program Evaluation and Continuous Improvement Model: A System Approach***Jana Basham; Redonda Engel*

The Common Program Requirements stipulate that programs must perform an annual self-evaluation in a formal, systematic manner. The evaluation must monitor and track program quality, resident performance, faculty development, and graduate performance. This breakout session will address three issues: 1) describe a system approach to developing an institutional template for the Annual Program Evaluation; 2) identify key metrics for each component (program quality, resident performance, faculty development, and graduate performance); and 3) use the data to build program- and system-balanced scorecards.

*Target Audience: Residency Coordinators, Fellowship Coordinators***BR16 New Program Coordinator Orientation and Annual Compliance Training***Virginia Simmons; Kimberly Pandanell*

An interactive breakout session to share what the University of Texas Medical Branch GME has developed for orienting new GME coordinators, as well as a mandatory annual compliance training module. In addition, the audience will have an opportunity in a setting with fellow colleagues to allow the exchange of ideas to enhance GME coordinator training across all institutions and programs.

*Target Audience: Institutional Coordinators***BR17 Round and Round We Go: How to Avoid Getting Dizzy Using a 360° Evaluation System***Debbie Blackburn, C-TAGME*

While the incorporation of a 360° evaluation system is recommended for resident education, the process can sometimes be overwhelming. With the sheer volume of evaluations required to complete the circle, how does one ensure responses that are objective and incorporate constructive feedback? Attendees will learn strategies to streamline the process of the 360° evaluation system through organization, education, and teamwork. This breakout session will provide sample evaluations, a manageable timeline for completion, and tools to educate team members in the art of effective feedback.

Target Audience: Residency Coordinators, Fellowship Coordinators

Thursday, February 27

11:15 am	<p>BR18 Effective Communication Skills in Graduate Medical Education: I Didn't Hear You <i>Jean Ashley, MSBC, C-TAGME; Avis Grainger, C-TAGME, CMOM</i></p> <p>The breakout session will focus on methods to reinforce effective communication across the continuum in graduate medical education. Participants will discuss how to be more effective communicators and active listeners, and how to address nonverbal communication. Three key elements in the communication process will be used throughout the breakout session: you, your GME community, and your message. Participants will learn how to apply various response styles as new skills to successfully communicate with other members of the graduate medical education team.</p> <p><i>Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators</i></p>
12:15 pm	<p>Networking Lunch</p>
1:00 pm	<p>Coordinators and Clinical Competency Committees: How to Streamline and Support the Work of Your Program's CCC <i>Kim Walker, PhD; Ann Dohn, MA; Nancy Piro, PhD</i></p> <p>In this plenary session, participants will have the opportunity to discuss the challenges and rewards with their evolving role in the time of NAS. These topics will be white boarded and addressed by the presenters as they provide organizational tools and strategies for managing and providing aggregate data to the clinical competency committees, including dashboards and milestone competency data. The participants will learn how these tools can also be modified for program-level, milestone-based metrics, allowing for consistent and continual tracking and reporting of data to the program director and ACGME. In closing, participants will discuss and brainstorm solutions to possible barriers of implementation.</p> <p><i>Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators</i></p>
2:15 pm	<p>BR19 Welcome to NAS: A Look at Changes to the Program Requirements and ACGME Policies and Procedures <i>Tami Walters; Kathy Malloy</i></p> <p>This breakout session will provide a closer look at the revisions made to the Common Program Requirements in preparation for the full implementation of the Next Accreditation System, as well as a review of the pertinent changes in ACGME policies and procedures and the effect they will have on programs.</p> <p><i>Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators</i></p> <p>BR20 Milestones Going Live: Knowledge and Skills for Coordinators in the Eye of the Storm <i>Meir Chernofsky, MD; J. Thomas McLarney, MD</i></p> <p>The presenters will briefly define terms related to milestones and review the "how we got here." Then presenters will role-play various people that coordinators encounter daily with questions and complaints related to milestones. Participants (on a voluntary basis!) will be invited to serve as the coordinator addressing the question. Together the presenters and participants will identify the challenge posed.</p> <p><i>Target Audience: Residency Coordinators, Fellowship Coordinators</i></p>

Thursday, February 27

2:15 pm

BR21 Top 10 NAS Changes: Let's Get Real*Margaret Mulligan, PhD; Kathleen Quinn-Leering, PhD*

The Next Accreditation System (NAS) represents a transformation in graduate medical education and it has led to many changes in a short period of time. It often feels overwhelming to keep up with the new and revised requirements, let alone know what to do about them! This breakout session will identify the top 10 NAS changes coordinators really need to focus on and outline the steps that should be taken to ensure compliance with the ACGME requirements. This interactive breakout session will provide an opportunity for attendees to share their concerns, questions, and solutions regarding NAS. Attendees should leave the breakout session feeling more comfortable with NAS, and confident in the role they can play to help their program or institution successfully adapt to the key changes taking place.

*Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators***BR22 Technology Not Trees: Taking the GME Onboarding Process from a Paper World into the Electronic Age***Krista Lombardo-Klefos, MBA; Lori Smith, MBA*

Those in the GME world know how time-consuming it can be to track all the requirements of an incoming resident or fellow. The goal of this breakout session will be to describe how the presenters' organization decided to use the tech savvy nature of the incoming trainees to their advantage by implementing an electronic onboarding process to ease the administrative burden. Design, implementation, and evaluation of the process will be discussed followed by a question and answer session with attendees. Attendees should leave this breakout session with a reflective perspective of their own onboarding processes and consider how technology can be utilized to improve resident and fellow compliance with onboarding requirements.

*Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators***BR23 Mentoring in a Time of Universal Change***Samantha Comarnitsky, MPA; Brenda Ziemkiewicz*

As the graduate medical education support staff faces mandated changes from national (ACGME) and institutional levels, the ability for coordinators to feel comfortable in mentoring roles continues to wane. This breakout session will focus on identifying the skills and developing the resources to create strong mentors. Mentoring occurs in all areas from the simplest of room reservations to larger scale process planning for the Next Accreditation System. Through the work of a committee of veteran and rookie coordinators, a multi-level mentorship program was implemented. This mentorship program developed ways for mentors to bestow knowledge not only in a one-on-one setting but within areas of expertise. Participants will learn how to identify both the strengths and needs of the coordinator community, and ways to develop mentees into mentors. Discussion will revolve around implementation and potential pitfalls and each participant will walk away with resources to initiate the search for strong mentors at his or her institution.

Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators

Thursday, February 27

2:15 pm

BR24 R*E*S*P*E*C*T – My Program Director, My Residents, and Me*Julie Campbell, C-TAGME*

One of the most common frustrations the speaker has heard expressed by coordinators over the years is that coordinators do not feel they receive the level of respect deserved from their program directors. Everyone is aware that over the last several years the role of the coordinator in ACGME-accredited programs has been evolving, and there are sure to be additional changes and challenges ahead as implementation of the NAS moves forward to become a completed reality. The coordinator role continues to travel farther and farther away from that of a traditional secretarial position to a role more designated as a management and leadership position. The program director, coordinator, and residents will find it necessary to work even more closely in collaboration as a team and approach program administration more as colleagues in order for a program to be successful. This breakout session will take a look at coordinators moving into that leadership role and assist with ways to establish themselves comfortably in an atmosphere of mutual respect and autonomy.

Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators

BR25 Impressing the Hard to Impress: Marketing Your Residency to the Millennial Generation*Jill Craig*

In the digital age, today's medical students may not be the people your traditional recruitment and marketing methods were designed to reach. Who are these Millennials and how do they interact with the professional world around them? Enhancing your understanding of the needs and demands of these digital natives will help you develop the most effective marketing and recruitment techniques for your program. In this breakout session the speaker will 1) define the Millennial Generation; 2) examine the ways you can use new technology and still preserve the personal interaction that is such an important part of the recruitment process; and 3) discuss the use of Web 2.0 modalities and common-use social media platforms and review cases for and against their use within a graduate medical education program. Whether your methods need a few small adjustments or a complete overhaul, this breakout session will help your program connect with this new generation of applicants and beyond.

Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators

BR26 Redesigning a Leadership Structure for Program Coordinators to Meet the Needs of the Next Accreditation System*Marleen Viola; Lynn Vass*

The Next Accreditation System has created a shift in the expectations for program coordinators across all residency and fellowship training programs. In an effort to meet the new demands, the structure and focus of the presenters' institution's Graduate Medical Education Program Administrator's Council needed to reflect progressive changes as well. The leadership structure consists of a chair, vice chair, and recorder. The team has been tasked with proposing the short-range, mid-range, and long-range goals that focus on enhancing their professional identity/development so they obtain the skills needed to support the program director and residents in their training programs.

Target Audience: Residency Coordinators, Fellowship Coordinators

Thursday, February 27

2:15 pm	BR27 Building an Effective Graduate Medical Education Community <i>Jean Ashley, MSBC, C-TAGME; Tanya Keenan, MA</i> This breakout session will offer an introduction and awareness to coordinators of the importance of working with their GME office to ensure that no coordinator is left behind, and to inspire others to work together. Participants will be given a basic overview of the many changes in GME and how to do more with less. They will also gain a clearer vision of the various roles in the GME community and the importance of all stakeholders in the Next Accreditation System. <i>Target Audience: Residency Coordinators, Fellowship Coordinators, Institutional Coordinators</i>
3:15 pm	Break
3:30 pm	Open Forum with the CEO <i>Thomas J. Nasca, MD, MACP; Timothy Brigham, MDiv, PhD</i>
4:45 pm	Wrap-up <i>Debra Dooley</i>
5:00 pm	Adjourn
5:30 pm	Welcoming Reception

Thursday, February 27

PC003 8:00 am – 4:30 pm

Linda Andrews, MD;
Peter Nalin, MD;
Lawrence Opas, MD;
Robin Wagner, RN, MHSA;
Mark Wilson, MD

Facilitators:

Kevin Weiss, MD, MPH, MHSA;
Patricia Surdyk, PhD

DIO 101: Building Basics and Beyond

The ACGME is pleased to repeat its successful course designed specifically for new designated institutional officials who are in their positions for two or fewer years. The full-day course will provide an overview of the Next Accreditation System from an institutional perspective, which will help DIOs to succeed in their new positions. Didactic and small-group learning activities will also focus on the roles of the DIO, especially that of institutional GME leader.

Target Audience: DIOs

8:00 am	Welcome: The ACGME and the IRC <i>Kevin Weiss, MD, MPH, MHSA; Peter Nalin, MD</i>
8:45 am	Blueprints: Institutional Accreditation Basics <i>Patricia Surdyk, PhD</i>
10:00 am	Break
10:15 am	Bricks and Mortar: GME Operations <i>Mark Wilson, MD, MPH</i>
11:30 am	Lunch
12:15 pm	Building Relationships: The Political Realities <i>Linda Andrews, MD</i>
1:00 pm	Building Community: Tapping Resources <i>Peter Nalin, MD</i>
1:30 pm	Small groups (by type of institution) Small groups will build on hot topics in their bricks and mortar that require attention, particularly those related to accreditation and ACGME. <i>Lawrence Opas, MD</i>
2:30 pm	Break
2:45 pm	Attention to the Environment: The CLER Program <i>Robin Wagner, RN, MHSA</i>
3:30 pm	Becoming the Master Builder: The DIO as Educational Leader <i>Kevin Weiss, MD, MPH, MHSA</i>
4:00 pm	Wrap up <i>Linda Andrews, MD; Peter Nalin, MD; Lawrence Opas, MD; Patricia Surdyk, PhD; Robin Wagner, RN, MHSA; Kevin Weiss, MD, MPH, MHSA; Mark Wilson, MD</i>
4:30 pm	Adjourn
5:30 pm	Welcoming Reception

Friday, February 28**8:00 am – 8:30 am**Timothy Brigham, MDiv, PhD;
Timothy Goldfarb, MHA**Welcome and Opening Remarks**
Presentation of Nathan K. Blank Fellowship Award
Presentation of ACGME Awards*Target Audience: All***8:30 am – 10:00 am**

Thomas J. Nasca, MD, MACP

CEO Introductory Address*Target Audience: All***10:00 am – 5:00 pm**

ACGME Staff

Walk-in Technical Support Sessions for ACGME Data Collection Systems**Target Audience: All***SES001 10:30 am – 12:00 pm**Ingrid Philibert, PhD, MBA;
Serge Martinez, MD, JD**The Site Visit in the Next Accreditation System: Overview and Responses to Frequently Asked Questions**

This session offers concise presentations on ACGME accreditation site visits in the Next Accreditation System (NAS), discussing the types of visits, on-site interviews and data collection, report writing, and review of reports and site visit information by the Residency Review Committee. The focus is on changes in the NAS, and on practical guidance on common elements of the accreditation site visit.

*Target Audience: DIOs, Program Directors, Coordinators***SES002 10:30 am – 12:00 pm**Eleanor Fitzpatrick, MA;
Mona Signer, MPH;
B. Renee Overton, MBA**Coordinator Plenary: Updates from the Field***

Representatives from the National Resident Matching Program, Educational Commission for Foreign Medical Graduates Sponsorship Division, and the Electronic Residency Application Service will provide pertinent information and the latest innovations/changes in their individual organizations. Time will be allowed for audience questions.

*Target Audience: Coordinators***SES003 10:30 am – 12:00 pm**Lawrence Opas, MD;
Patricia Surdyk, PhD;
Peter Nalin, MD**Deconstructing the Revised Institutional Requirements**

The revised Institutional Requirements go into effect on July 1, 2014 for existing sponsoring institutions. This session will provide an in-depth analysis of the revisions along with the Institutional Review Committee's expectations for compliance, focusing in particular on multiple-program sponsoring institutions.

*Target Audience: DIOs, GMEC Chairs, GME Office Coordinators, other institutional officials***SES004 10:30 am – 12:00 pm**

John Potts, MD

Town Hall – Surgical Accreditation

This session will provide an open forum for attendees to receive updated information regarding the latest accreditation news in their specialty and give them the opportunity to ask accreditation-related questions. Led by the ACGME Senior Vice President of Surgical Accreditation, with all of the ACGME Executive Directors present, the session will be highly interactive and geared to the needs of the audience.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators in the**specialties of Colon and Rectal Surgery, Neurological Surgery, Obstetrics and Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Surgery, Thoracic Surgery, and Urology***SES005 10:30 am – 12:00 pm**Jason Sapp, MD;
Matthew Short, MD**Assessing Resident Transitions of Care Competency Using Simulated Patient Encounters**

Transitions of care and patient handoffs are integral in inpatient settings given hospital coverage schedules and resident duty hour limitations. Providing safe and effective transitions of care is an essential skill for residents to master early in their training. This workshop will educate attendees on an innovative assessment tool utilizing simulated patient encounters to assess transitions of care. It will highlight training that interns receive during their initial orientation, how this assessment tool was developed, and data from this project. Participants will become familiar with the structure, case scenarios, and use of evaluation forms to assess a videotaped patient handover. Valuable resources will be provided so attendees can adapt this validated tool to meet individual program needs. This assessment approach evolved from a Comprehensive Assessment of a Simulated Patient Encounter concept that was presented at the 2012 and 2013 ACGME Annual Educational Conferences to approximately 160 attendees each year with outstanding comments and marks. The lecture will provide attendees with a valuable and valid assessment tool to help them ensure that residents are competent in communicating with team members in the handover process to facilitate both continuity of care and patient safety.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

Friday, February 28

SES006 10:30 am – 12:00 pmMark Fowler;
Diana Lowenthal, MD**Implementing Religio-Cultural Competence Education for Medical Residents: A Case Study at Maria Fareri Children's Hospital**

The religiosity of the patient population continues to diversify. Are residents prepared? This session will offer an overview of a pilot program developed by the Tanenbaum Center for Interreligious Understanding in collaboration with Maria Fareri Children's Hospital in Westchester, New York to integrate religio-cultural competence education into a pediatric residency training program. The presentation will offer this program as a case study for making religio-cultural competence an integral part of medical residency programs. Participants in this session will learn about the need for religio-cultural competence in medical care and how residency can be the time to learn and practice these skills. Participants will also be given an in-depth look at the process of implementing this program at Maria Fareri Children's Hospital, and will have the opportunity to model sample pieces of the finalized religio-cultural competence curriculum. Finally, participants will explore how to adapt Tanenbaum's program at Maria Fareri Children's Hospital in their own institutions.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES007 10:30 am – 12:00 pmSujatha Ramachandran, MD;
Caroline Rassbach, MD;
Madelyn Kahana, MD**Coaching: Not Just for Sports Anymore**

Have you ever struggled with how to assess and teach clinical reasoning, professionalism, and procedural skills in the context of a busy clinical setting? In this interactive workshop using clinical vignettes, video clips, and facilitated small group activities, educators will explore the idea of using faculty coaches in their educational programs. The session will also offer participants strategies to create assessment tools their coaches can use; including structured clinical observation tools to help assess the milestones. Through large and small group activities, educators will have the opportunity to create and customize the SCOs for a milestone in their specialty. Participants will leave the workshop with step-by-step instructions for immediate implementation of their own coaching programs and potential assessment tools.

Target Audience: GME Educators, Program Directors, Faculty

SES008 10:30 am – 12:00 pm

Rebecca Miller, MS

Accreditation Data Systems – Update

This session will present an update on the major ACGME data acquisition tools and their use in accreditation. These systems include ADS, Case Logs, the Resident Survey, the Faculty Survey, and the Resident Competency Evaluations. Redesigned features will be discussed and newly implemented tools will be explained. Participants should have basic knowledge of and experience using the current ACGME systems to benefit from the discussion. Time is allotted to address specific questions from the audience.

Target Audience: DIOs, Program Directors, Coordinators

Friday, February 28

SES009 10:30 am – 12:00 pmAnn Dohn, MA;
Miriam Bar-on, MD**Can We Talk??? A Workshop for Developing Communication Strategies for Having Difficult Conversations**

GME leaders, whether in the DIO or program director roles, frequently encounter situations when a difficult conversation needs to occur. These situations run the gamut of topics and the conversations are never easy. Rather than approach these situations with dread, this session will focus on developing strategies to make the task less onerous. Participants will hear about multi-dimensional problem solving within the context of communication, simple negotiation strategies, enhanced feedback approaches, re-framing, and listening strategies. They will then have the opportunity to practice these techniques in small groups using real life examples. Attendees will not only practice these techniques, but will also receive feedback from colleagues/peers on the success in their approach. At the conclusion of the workshop, DIOs and program directors will have developed and practiced strategies for having difficult conversations with their constituents.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES010 10:30 am – 12:00 pmDonald Brady, MD;
Brenessa Lindeman, MD**“Caught in the Middle”: The Resident’s Dual Perspective on Learner Mistreatment**

Residents (and fellows) have a unique perspective on learner mistreatment. As learners, they may be the subject of mistreatment, not only by those who supervise them, but also by others in the health care system. On the other hand, as a supervisor of medical students and other trainees, house staff at times may be the source of the mistreatment as well. This session, co-facilitated by a resident and a faculty member, will serve not only to highlight the various issues related to learner mistreatment, but also to advance efforts to address such mistreatment and to transform culture so that such mistreatment is minimized. The session promises to be highly interactive, with both large and small group activities.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES011 10:30 am – 12:00 pmAlisa Nagler, JD, MA, EdD;
Kathryn Andolsek, MD, MPH**They Have Only Just Begun: Clinical Competency Committees as Part of NAS**

The Next Accreditation System will provide increasing opportunities to standardize meaningful and measurable assessments of resident performance through milestones and entrustable professional activities. Programs must identify individual resident performance across the entire residency and provide summative assessment that the resident is capable of transitioning to independent practice. A Clinical Competency Committee (CCC) can support the program director in these assessments, which may be required to be shared with ACGME and some boards. Committee members and their faculty development opportunities are instrumental to its success. The CCC can provide support to the individual program director, objectify the process of summative assessment, identify residents who might benefit from remediation, monitor individualized learning plans, and highlight program strengths and opportunities for improvement. The session will focus on an institutional approach to develop, enhance, and measure the effectiveness of CCCs.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES012 10:30 am – 12:00 pmSneha Shah, MD;
Todd Guth, MD**Effective Use of Clinical Teaching Models**

When working in a busy clinical environment with competing priorities, teaching may be sacrificed for the sake of patient care and flow. An organized, efficient, and learner-centered approach to clinical teaching based upon learning theory helps focus the teaching on what the learner needs at that moment, incorporates regular feedback, and prevents over-teaching. In this interactive faculty development workshop, participants will discuss characteristics and skills of ideal clinical teachers, the theoretical underpinnings of learner-centered education, and then practice their teaching skills using a select number of teaching models. The following learner-centered teaching models will be prepared and participants will choose which models to practice: One Minute Preceptor, SNAPPS, ED STAT!, MiPLAN, bedside case presentations, Aunt Minnie, Activated Demonstration, and SPIT. At the end of this workshop participants will be prepared to seize the teachable moment.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

Friday, February 28**SES013** 10:30 am – 12:00 pmLarry Hurtubise, MA;
Sorabh Khandelwal, MD**Competencies, Milestones, and EPAs: Leveraging iPads for Medical Education across the Continuum**

Mobile apps are an educational technology suited for overcoming obstacles unique to clinical education. Clinical teachers lead groups of students with various levels of competence. Additionally, entrustable professional activities (EPAs) frequently cut across more than one competency. Mobile devices like iPads can deliver apps that not only provide individualized learning materials on all the competencies, but can facilitate evaluation, assessment, and feedback. This interactive session will introduce participants to iPad apps used in medical education across the continuum. Learners will also get opportunities to share their experiences leveraging mobile devices and ideas for overcoming obstacles to implementation.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

SES014 10:30 am – 12:00 pmKathryn Callahan, MD;
Helen Fernandez, MD;
Brijen Shah, MD**New Tools for Incorporating Quality Improvement/Patient Safety into Residency Training**

Quality improvement and patient safety concepts are a key part of the ACGME CLER visit and milestones for residency training. After an introduction to these concepts, faculty will use a clinical case to share new quality improvement teaching and assessment tools which move beyond the PDSA process. During this workshop, participants will learn two tools which can be used to teach and assess these competencies: mock root cause analysis and process mapping. These tools can be adapted to any training program and learning environment.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

Specialty Updates

These sessions include an update on recent RC and ACGME activities and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System (NAS). There will be ample time for Q & A.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators

SES015 10:30 am – 12:00 pmJulia Iezzoni, MD;
Laura Edgar, EdD, CAE**Specialty Update – Pathology****SES016** 1:30 pm – 3:00 pmJames Arrighi, MD;
Jerry Vasillas, PhD**Specialty Update – Internal Medicine****SES017** 1:30 pm – 3:00 pmJoseph Gilhooly, MD;
Caroline Fischer, MBA**Specialty Update – Pediatrics****SES018** 1:30 pm – 3:00 pmWallace Carter, MD;
Felicia Davis, MHA**Specialty Update – Emergency Medicine****SES019** 1:30 pm – 3:00 pmChristopher Thomas, MD;
Louise King, MS**Specialty Update – Psychiatry****SES020** 1:30 pm – 3:00 pmJames Hebert, MD;
Peggy Simpson, EdD**Specialty Update – Surgery****SES021** 1:30 pm – 3:00 pmKim Burchiel, MD;
Pamela Derstine, PhD, MHPE**Specialty Update – Neurological Surgery**

Friday, February 28

SES022 1:30 pm – 3:00 pm <i>V. Reid Sutton, MD;</i> <i>Laura Edgar, EdD, CAE</i>	Specialty Update – Medical Genetics
SES023 1:30 pm – 3:00 pm <i>Brian Aboff, MD, FACP;</i> <i>Lori Lewis, EdD, RD</i>	Specialty Update – Transitional Year
SES024 1:30 pm – 3:00 pm <i>Anthony Arnold, MD;</i> <i>Patricia Levenberg, PhD</i>	Specialty Update – Ophthalmology
SES025 1:30 pm – 3:00 pm <i>Peter Carek, MD;</i> <i>Eileen Anthony, MJ</i>	Specialty Update – Family Medicine
SES026 1:30 pm – 3:00 pm <i>Lois Bready, MD;</i> <i>Frederick Schiavone, MD;</i> <i>James Zaidan, MD, MBA</i>	Institutional Oversight in the Next Accreditation System The revised Institutional Requirements include new oversight responsibilities for the designated institutional official (DIO) and the Graduate Medical Education Committee (GMEC). In this session, two DIOs will share their experiences in leading the development of Annual Institutional Review and GMEC Special Review processes at their sponsoring institutions. <i>Target Audience: DIOs, Program Directors, Coordinators, GME Educators</i>
SES027 1:30 pm – 3:00 pm	Oral Poster Presentations I* This session highlights posters judged as outstanding based on the submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation. <i>Target Audience: All</i>
SES028 1:30 pm – 3:00 pm <i>W. Robert Lee, MD, MS, MEd;</i> <i>Robert Amdur, MD</i>	Transitioning to the Next Accreditation System – Radiation Oncology This session is designed for radiation oncology program directors, program coordinators, and core faculty. The session will be an interactive workshop emphasizing two components of the Next Accreditation System: milestones and Clinical Competency Committees. Each participant will be able to interact with the moderators face-to-face on each subject. <i>Target Audience: Faculty, Program Directors, Coordinators</i>
SES029 1:30 pm – 3:00 pm <i>Curtis Whitehair, MD</i>	The Impact that Growing Up in a Digital World has on Graduate Medical Education As we move into the Next Accreditation System (NAS), we are challenged with providing outcomes, yet we continue to teach and develop graduate medical education programs as we have in the past. The learners of today are different. They have grown up in a digital world. Their brains have been wired differently. We will not be able to embrace the innovative challenges of NAS if we do not understand how to teach our residents of today. Much has been learned about them over the last decade as they moved from K-12 through undergraduate school, but these new learners are rapidly approaching medical school and residency training. This presentation will focus on understanding the changes in learning of today's generation so that educators can start to appreciate the impact this may have on their teaching style, pedagogy, and curricula of the future. <i>Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators</i>

Friday, February 28

SES030 1:30 pm – 3:00 pm

Lawrence Loo, MD;

John Byrne, DO

Innovative Practical Tools to Enhance Resident Supervision

Supervision in graduate medical education seeks to balance the progressive development of competent, independent practitioners while ensuring quality patient care and safety. In a recent systematic review (*Academic Medicine* 2012; 87:428-42), the effects of clinical supervision on patients and residency education outcomes were generally found to be favorable. In their conclusions, however, the authors emphasized critical barriers and challenges for the continued enhancement of resident supervision were the lack of objective measures of supervision and that methods of supervision should not be a “one-size-fits-all” approach. In this session, the presenters summarize their ongoing clinical research efforts to further improve resident supervision by: 1) the development and implementation of a practical and reliable tool to quantitate resident supervision: the Clinical Supervision Index; 2) allowing flexibility in resident supervision by fostering a learner-centered approach with their Resident-Attending Supervision Contracts; and 3) highlighting methods of discovering the hidden curriculum of communication between residents and faculty during on-call days.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

SES031 1:30 pm – 3:00 pm

Susan Coull, MBA;

Susan Freeman, MD, MS

The Creation of a House Staff Quality Council to Engage Residents in Patient Safety and Quality Improvement Organizational Priorities – Preparing for NAS

This session will focus on the structuring of a resident-driven House Staff Quality Council (HSQC) as a method of engaging residents into the hospital's patient safety and quality improvement priorities. Through a combination of didactic and programmatic activities, the HSQC offers an opportunity for residents from multiple specialties to work together on quality improvement projects, engaging other health care providers and hospital administration in their efforts. The HSQC offers the hospital environment a mechanism to improve the quality of patient care through increased communication and interdisciplinary coordination of house staff based on specific improvement projects. In academic medical centers, resident physicians represent an integral component of patient care, and are major stakeholders in the care delivery process. The creation and ongoing activities of the HSQC align with priorities set out in the Next Accreditation System (NAS), specifically the integration of residents into the institution's patient safety programs and their impact. The work of the committee and projects that it selects align with the focus of NAS and assist in the preparation for CLER. This session will present the speakers' experience with the establishment of a HSQC at Temple University Hospital, and will examine the purpose, scope of activity, and operational processes that are involved in creating the committee. The speakers will review barriers to implementation as well as solutions that they have found successful in fostering the success of the committee. They will also discuss how they incorporated the work of the committee with the Accountable Care Unit model the organization has implemented. The session will present not only an overall perspective of the HSQC development, but will also focus on lessons learned around specific problems and solutions that the presenters encountered during their development of the committee. There will be ample time for questions and discussion of the principles and issues raised in this presentation.

Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators

Friday, February 28

SES032 1:30 pm – 3:00 pm*Kim Walker, PhD;**Ann Dohn, MA***Meaning beyond Numbers: The Power of Qualitative Inquiry for Program Assessment**

The data culled through ACGME surveys and, if implemented, institutional house staff and program evaluations, can provide valuable feedback to directors and GME leaders when it comes to identifying categorical program strengths, areas for improvement, or trends. However, the data alone does not provide specific insight into the “what,” “why,” and “how” of the resident and faculty perceptions and experiences that drives these ratings. This session will provide participants the opportunity to learn how some basic qualitative research practices can uncover and qualify the quantitative data, allowing program leadership to respond to tangible and actionable items during their program reviews. This session is targeted for program and GME leaders and program administrators who seek meaning beyond the numbers.

Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators

SES033 1:30 pm – 3:00 pm*Turi McNamee, MD***Skip Logic Evaluations: A Novel Approach for Milestone Assessment**

The use of Likert scales in the evaluation of resident milestones is prone to challenges, including evaluation inflation and vague parameters for resident feedback. In this session, participants will be introduced to the use of skip logic in resident evaluations. Skip logic is a survey tool that presents respondents with different options dependent on prior responses and has been reported for use in resident evaluation in residency programs, but not in faculty evaluation of residents. Skip logic evaluations have the potential to produce more concrete output, reduce the bias inherent to Likert scale assessment, and streamline the evaluation process for faculty. Finally, skip logic can be mapped directly to the internal medicine reporting milestones required in the Next Accreditation System.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES034 1:30 pm – 3:00 pm*Tochi Iroku-Malize, MD, MPH;**Neubert Philippe, MD***Team-Based Learning and Simulation in Medical Education**

Simulation in medical education is becoming the norm, and for the past two years the faculty at the Hofstra North Shore-LIJ School of Medicine Family Medicine Residency Program at Southside Hospital have found a way to enhance the learning process by incorporating team-based learning. This workshop is an interactive session which will have the participants involved in a live, team-based learning and simulation session in order to prepare them to utilize the tools learned when teaching at their own institutions. Teams will be involved in problem solving in the form of readiness assessment tests, then will have a facilitated game-style “battle of the teams” to determine the correct answers, and will then proceed to a cognitive application in a simulated scenario. Reflective exercises, along with peer review, help with the assessment of the process, and with self-evaluation of the session. Assessment tools include patient safety metrics, ACGME competencies (with milestones) and teamwork per TeamSTEPPS. Discussions will involve the various assessment tools available, and barriers to incorporating team-based learning with simulation in individual programs, as well as methods to overcome said barriers.

Target Audience: Program Directors, GME Educators, Faculty

Friday, February 28**SES035** 1:30 pm – 3:00 pm*Mary Ottolini, MD, MPH;**Ellie Hamburger, MD***Building a Better Resident – It Takes a Village: Faculty Development for the NAS**

The presenters will describe a faculty development approach to helping the trainees and the program achieve success in the NAS. The presenters' goal is to guide institutions in engaging faculty and trainees to embrace EPAs as a welcome alternative to traditional goals and objectives in guiding teaching and assessment. The presenters will provide templates and examples of developing rotation-specific EPAs that serve as the roadmap/curriculum mapping tool for a residency or fellowship program.

The presenters will demonstrate how milestones can be mapped to these EPAs for assessment purposes and reported electronically to the ACGME. The presenters will also describe how explicit entrustment decisions can be shared with nursing and ancillary staff to improve patient safety and enhance Joint Commission compliance.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

SES036 1:30 pm – 3:00 pm*Aditi Singh, MD;**Sandhya Wahi-Gururaj, MD, MPH***Extreme Makeover: Didactic Edition**

Some of the most memorable educational experiences can be fun and informative.

Faculty often defaults to the time-honored tradition of teaching via lecture. Yet modern adult learning theory recognizes that passive forms of instruction do not generally result in retention. This workshop is designed to provide a framework for faculty development sessions. Participants will review and discuss a diverse armamentarium of educational tools that faculty can potentially implement as they fulfill their teaching responsibilities.

Target Audience: Program Directors, GME Educators, Faculty

SES037 1:30 pm – 3:00 pm*Yvonne Ng, MSc;**Clara Sin, MBA***Designing a Sustainable Education Administrative Structure for Residency: Creating Great Partnerships**

Three columns of building blocks make up a high quality education system: standards and accountability, human capital, and structures and organization. In response to changes in Singapore's post-graduate medical education in 2009, National University Health System (NUHS) and the National Healthcare Group (NHG) invested in human capital and structures to build a quality residency program. Program coordinators are important human capital for a quality GME system. This session explores the importance of clarity in expectations/required competencies, performance measurement, proper career track, and training in building this essential building block in the NHG and NUHS education systems.

Target Audience: DIOs, Program Directors, Coordinators, Administrators

SES038 1:30 pm – 3:00 pm*Charles Scales, MD, MSHS;**Philipp Dahm, MD, MHSc***Teaching and Assessing Evidence-Based Medicine in the Age of Milestones**

Evidence-based, medicine-related knowledge and skills are central to the core competency of Practice-based Learning and Improvement. The purpose of this workshop is to prepare leaders in graduate medical education to teach and assess evidence-based medicine knowledge and skills within their specific clinical learning environment. The facilitators of this workshop will share their extensive experience with evidence-based medicine teaching with the group to provide background for an open dialogue on what works and what does not work when and where. The workshop will be designed for all specialties, but will place a particular emphasis on teaching methods and resources for specialties where emphasis on evidence-based clinical practice may be less common. The discussion of methods to assess these skills will place particular emphasis on requirements set forth by the ACGME milestones. The workshop will also provide relevant resources for curriculum development and faculty development as it relates to practice-based learning and improvement.

Target Audience: Program Directors, Coordinators, GME Educators, Faculty

Specialty Updates

These sessions include an update on recent RC and ACGME activities and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System (NAS). There will be ample time for Q & A.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators

Friday, February 28**SES039** 3:30 pm – 5:00 pm*James Arrighi, MD;
Jerry Vasiliadis, PhD***Specialty Update – Internal Medicine Subspecialties****SES040** 3:30 pm – 5:00 pm*Teresa Massagli, MD;
Caroline Fischer, MBA***Specialty Update – Physical Medicine and Rehabilitation****SES041** 3:30 pm – 5:00 pm*Lawrence Davis, MD;
Felicia Davis, MHA***Specialty Update – Diagnostic Radiology****SES042** 3:30 pm – 5:00 pm*Steven Lewis, MD;
Louise King, MS***Specialty Update – Neurology****SES043** 3:30 pm – 5:00 pm*Donald Mackay, MD, FACS, FAAP;
Peggy Simpson, EdD***Specialty Update – Plastic Surgery****SES044** 3:30 pm – 5:00 pm*J. Lawrence Marsh, MD;
Pamela Derstine, PhD, MHPE***Specialty Update – Orthopaedic Surgery****SES045** 3:30 pm – 5:00 pm*Michael Coburn, MD;
Patricia Levenberg, PhD***Specialty Update – Urology****SES046** 3:30 pm – 5:00 pm*Margaret Wood, MD;
Lori Lewis, EdD, RD***Specialty Update – Anesthesiology****SES047** 3:30 pm – 5:00 pm*Robert Amdur, MD;
Laura Edgar, EdD, CAE***Specialty Update – Radiation Oncology****SES048** 3:30 pm – 5:00 pm*Nicole Owens, MD;
Eileen Anthony, MJ***Specialty Update – Dermatology****SES049** 3:30 pm – 5:00 pm**Oral Poster Presentations II***

This session highlights posters judged as outstanding based on the submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation.

Target Audience: All

SES050 3:30 pm – 5:00 pm*Peter Rapp, MHA;
Peter Bates, MD;
Carolyn Swinton;
Diane Bodurka, MD***The Clinical Learning Environment: Perspectives from the C-Suite**

The CLER program is designed to bring together the senior leadership of the major teaching hospitals and medical centers with the senior leadership of graduate medical education to optimize the learning environment for trainees and improve the safety and quality of care for patients. In this session, various senior executives (CEO, CMO, CNO, DIO) who have experienced a CLER site visit will share their perspectives on the opportunities identified and some of the actions taken as a result of the visit.

Target Audience: DIOs, Program Directors, GME Coordinators, Institutional Leaders in Patient Safety and Health Care Quality

Facilitator:

Robin Wagner, RN, MHSA

Friday, February 28

SES051 3:30 pm – 5:00 pm

*Hatem Al Ameri, MD, FRCPC,
FCCP;
Sawsan Abdel Razig, MD, FACP*

Building a National Residency Match: Experiences from the UAE

A young, wealthy, and dynamic nation, the UAE is setting regional and international benchmarks in Eastern development. Though renowned for its multiple advances in the areas of commerce, industry, and human development, the field of graduate medical education (GME) has only recently become a focus of human capital investment for the Abu Dhabi government. As a result, the last five years have seen a rapid evolution of GME standards and policy across the UAE, with significant outcomes observed. During this session, the speakers will use the development of the first national residency match in the UAE to illustrate historic, economic, and practical implications of macro-level GME policy with a focus on the strategic GME policy considerations that ensure alignment with health systems' needs. The speakers will discuss the implications of systemic GME policy on educational outcomes as well as on key health systems indicators.

Target Audience: All

SES052 3:30 pm – 5:00 pm

*Appasamy Vijayan, MBBS, FRCS,
FAMS;
Sameer Padmakumar Junnarkar,
MBBS, FRCS, MD*

Systems and Teamwork in the Emergency Management in Surgery (STEMS) Program – A Multidimensional Learning Framework for the Achieving Competencies in Junior Surgical Residency

The delivery of effective patient care requires not only medical knowledge and skills, but also the understanding of, and ability to work effectively within, clinical systems as part of a multi-disciplinary and inter-professional health care team. This session describes the STEMS program designed as a modular, standardized, and highly interactive multidimensional learning experience to develop the junior residents' competency of clinical systems. This includes human factors interactions, team work, and critical decision making. The program utilizes the principles of progressive development of expertise, utilizing multiple forms of knowledge and reasoning, and simulating the dynamic and situated nature of the clinical environment and distributed intelligence. The learning objectives and modular nature of STEMS potentially allows its application in the curriculum of any surgical or non-surgical residency program.

Target Audience: Program Directors, Coordinators, GME Educators, Faculty

SES053 3:30 pm – 5:00 pm

*Brijen Shah, MD;
Megan Young, MD*

A Tale of Two Retreats: Two Approaches to Chief Resident Development

Chief residents are a unique population of residents who are asked to be leaders, teachers, and advocates and help to set the culture of a program. These residents often lack the teaching skills, leadership insight, and knowledge of graduate medical education requirements to help administer a program. This session describes two approaches to chief resident training to meet the Next Accreditation System requirements for reporting milestones for assessing resident attainment of competency in quality, patient safety, team-based communication, teaching and leadership skills, and health care disparities that can be implemented in large or small programs. The presenters will share their experiences about the curriculum and its effect on improving patient care and the learning environment.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

SES054 3:30 pm – 5:00 pm

*Carrie Tibbles, MD;
Neel Shah, MD*

Teaching Value-Based Care to Residents

With the rising costs of health care, teaching residents to deliver value-based care to their patients has become increasingly important. This session will discuss methods to teach and assess the essential skills involved in delivering value-based care, including shared decision making with patients, reduction of unnecessary testing and waste, and cost considerations in health care. Strategies to overcome the most common hurdles residents face when trying to apply principles of value-based care will also be discussed.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

Friday, February 28

SES055 3:30 pm – 5:00 pm

Julie McCausland, MD, MS;
Rita Patel, MD

Leading Transitions in the GME Community

The principles of teamwork, leadership, and managing transitions are essential to the success of GME programs and sponsoring institutions. Initiatives within the scope of the Next Accreditation System engender both individual and organizational challenges which require adaptation. These changes highlight the importance of teamwork, leadership, and managing transitions in harnessing the strengths of both individuals and groups. Participants will complete a worksheet to highlight the basic principles of these three elements that can be immediately applied to assist in developing their existing GME resources and manage transitions necessary for accreditation.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES056 3:30 pm – 5:00 pm

Kathryn Andolsek, MD, MPH;
Diana McNeill, MD

Transitions of (Educational) Care: Applying Lessons Learned from Annual Program Evaluation and Internal Reviews to Pilot Education Competency Committees

Developing a structured Annual Program Evaluation process will be essential to the success of institutional oversight and continuous educational quality improvement in the Next Accreditation System (NAS). The annual program evaluation and improvement process (APEI) is an opportunity for comprehensive program self-assessment. It should include, at a minimum, metrics on resident performance, faculty development, graduate outcomes, and program quality. Development of an organized APEI process will be one tool essential for institutional oversight. This will be especially important as “internal reviews” (at least as they are known currently), are no longer required in the NAS. Institutions can use APEI documentation to design an institutional scorecard of best practices, disseminate innovations, identify areas for program improvement and faculty development, prioritize institutional initiatives, and prepare for CLER visits. This workshop will discuss strategies for developing an Annual Program Evaluation process with oversight by the GMEC. Duke University Hospital has had two years’ experience transitioning their internal review process to create “Education Competency Committees” to conduct peer assessments of APEIs. GMECs can optimize an APEI review process to identify programs that might benefit from a special review, discern institution-wide needs, and highlight innovation and best practices.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators, Central GME Staff, Members of a GMEC, Residents

SES057 3:30 pm – 5:00 pm

Emily Doyle, MD;
Jane Ripperger-Suhler, MD

What We Can Learn from the Neurobiology of Learning

This interactive faculty development session will focus on the teaching techniques informed by current knowledge of the neurobiology of learning. Based on the article “What Can Medical Education Learn From the Neurobiology of Learning?” written by Michael Friedlander, PhD, et al, published in *Academic Medicine*, participants will learn and apply the biological bases of learning and memory to the medical education process for most effectively guiding learners to assimilate, comprehend, retain, access, and apply the medical knowledge necessary for effective delivery of quality care.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

SES058 3:30 pm – 5:00 pm

Jennifer Myers, MD, FHM, FACP;
Anjala Tess, MD

Building Bridges: Developing Institutional Infrastructure and a Strategic Plan to Align the Quality and Safety Mission of Teaching Hospitals and Their Graduate Medical Education Programs

The ACGME’s Clinical Learning Environment Review (CLER) program is prompting U.S. teaching hospitals to critically evaluate and increase the amount of integration between their institutional quality and safety activities and their graduate medical education programs. For many institutions, this will require developing or strengthening organizational alignments and creating new approaches to quality and safety education. In this workshop, the presenters will describe a conceptual framework to help participants understand the barriers and facilitators to achieve this integration and share the common and unique strategies in place at their institutions. They will also engage participants in an organizational needs assessment and action planning exercise to help them in their CLER preparation.

Target Audience: DIOs, GME Educators

Friday, February 28

SES059 3:30 pm – 5:00 pm

Michael Cullen, MD;
Kyle Klarich, MD

Case Studies in Feedback

Specific behavioral and criterion-based formative feedback plays an essential role in advancing learners along their training paths in graduate medical education. The use of feedback to assess milestones and to inform decisions of Clinical Competency Committees will play a particularly imperative role in the Next Accreditation System. Despite the importance of feedback, educational leaders in graduate medical education must overcome many barriers to obtaining adequate feedback from faculty of their trainees. This session will use competency-based case studies to provide participants with a “toolbox” of evaluation-enhancing skills that they can use to provide more effective feedback themselves, set an example for the faculty at their institution, and enhance the “culture of feedback” that exists in their institutions’ learning environments. At the end of this session, participants will have at their disposal a broader and deeper repertoire of tools to provide both written and verbal feedback to learners at all levels of graduate medical education.

Target Audience: Coordinators, GME Educators, Faculty

SES060 3:30 pm – 5:00 pm

Margaret Tarpley, MLS;
Kyla Terhune, MD

Surgical Residency and Clerkship Cooperation – Education and Economic Pros and Cons of Integrated, Hybrid, and Parallel Tracks Models

With fewer hours available during the five years of training, surgery education groups at the national level are advocating for more surgery, cognitive, and skills education in medical school. Can this objective be achieved by more closely relating the administrative system for clerkship and residency training? Cost-saving measures must be considered as financial considerations increasingly affect educational activities. The purpose of this session is to bring program directors, coordinators, clerkship directors, and other surgery education professionals together to examine and discuss current graduate and undergraduate medical education models with emphasis on the pros and cons of the most common: 1) integrated; a vice chair for education or equivalent under whom both the clerkship and the surgery residency operate cooperatively; 2) hybrid-program director and clerkship director have authority over respective programs, but they may share supplies, equipment, simulation facilities, and assist each other by cooperating in educational endeavors and whose education team personnel assist each other; 3) parallel tracks- clerkship and residency operate independently; and 4) other. Discussion will also involve maximizing resources such as the ACS Fundamentals of Surgery curriculum with its potential crossover value for 4th year medical students (and available in May for matched students) as well as interns, SCORE, the milestones, perioperative and skills boot camps, and observed evaluations, as well as seeking to develop and share educational strategies of value at every level of surgical training. Invigorating the 4th year of medical school is of even greater importance as new curricula sometimes move clerkships to the 2nd year of medical school.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES061 3:30 pm – 5:00 pm

Ingrid Philibert, PhD, MBA;
Gail Sullivan, MD, PhD

Publishing Your Medical Education Research in the Journal of Graduate Medical Education

This workshop by senior editors of the *Journal of Graduate Medical Education* offers practical advice on designing studies in graduate medical education, and writing them up for publication in a scientific journal. Participants will receive practical advice about the steps to successful writing and submission, and managing all steps of the editorial process.

Target Audience: Junior Faculty, Medical Educators, Residents, Fellows interested or engaged in education research, who wish to enhance their skills to write and submit for publication

Saturday, March 1

SES062 7:15 am – 10:15 amEric Holmboe, MD;
William Iobst, MD, FACP**Realizing the Promise of Competency-Based Medical Education and the Next Accreditation System to Improve Residency Training and Patient Care**

This course will provide practical suggestions for implementing outcomes-based medical education in the context of the Next Accreditation System with specific focus on developmental milestones, entrustable professional activities (EPAs), and a systems approach to assessment and evaluation. This mini-course will be presented in three components: 1) a large group interactive review and discussion of important concepts and principles of competency-based medical education (CBME), milestones, and EPAs; 2) an interactive workshop of key assessment principles and methods with a specific focus on direct observational methods and feedback with video exercises and small group exercises; and 3) an interactive workshop on developing an assessment system, including the need to involve multiple perspectives regarding trainee performance, enhanced self-directed assessment by the trainee, and the emerging role of competency committees in the determination of competence.

Target Audience: DIOs, Program Directors, GME Educators

SES063 7:15 am – 10:15 amDavid Farley, MD;
Raaj Ruparel, MD**Teaching, Assessing, and Remediating in the Age of Milestones: A General Surgery Simulation and AV Curriculum**

Modern surgical trainees require numerous repetitions and vast experience to become master surgeons. In a duty hour restricted world, surgical residents must come better prepared to the operating room for the limited number of procedures they will see and do. The speakers' general surgery program has created a weekly curriculum to enhance repetitions of surgical skills and procedures and combined it with an online audiovisual learning library to enhance surgical knowledge. Clarifying goals and objectives has improved resident performance, and assessment is offered in a controlled, simulated environment twice per year to all trainees. Remediation is performed on a one-on-one basis. While far from utopia, this effort over the last decade has matured into a curriculum that stimulates learners and identifies both high and low performers such that each can be advanced appropriately in the age of milestones.

Target Audience: Program Directors, Coordinators, GME Educators, Faculty

SES064 7:15 am – 10:15 amKaren Miller, MS;
David Adams, MD**Reality or Fantasy: Institutional NASboard to Monitor Effectiveness in the CLER 6 Focus Areas**

Is continuous monitoring of the sponsoring institution's effectiveness in each of the ACGME CLER focus areas a reality or fantasy? Is it possible to develop an institutional NASboard to monitor effectiveness? This mini-course provides participants opportunities to explore various metrics to monitor performance in the CLER focus areas: 1) patient safety; 2) quality improvement; 3) transitions in care; 4) supervision; 5) duty hours oversight, fatigue management, and mitigation; and 6) professionalism. Discussion in each focus area begins with the speakers describing the results from their CLER visit followed by a collaborative group session. Each session explores practices used in the participants' institutions or programs that could be used to monitor effectiveness in the focus area. The groups identify the experience/activity, determine the frequency for monitoring, and describe metrics to assess the effectiveness of the experience/activity. The mini-course finishes with the speakers presenting the current status of their NASboard and evaluating its effectiveness in monitoring performance in the CLER focus areas.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

Saturday, March 1**SES065 7:15 am – 10:15 am**

M. Tyson Pillow, MD, MEd;
Stacey Poznanski, DO;
Nathan Allen, MD

Presentation Design for Medical Educators – A Missing Piece of Faculty Development

One of the critical pieces in becoming an invaluable educator is the ability to give effective presentations. Despite the multitude of tools available, there is very little formal teaching on the education and design principles necessary to create effective presentations. Often, the tools used to supplement the lecture, usually PowerPoint, do not fully utilize educational and design principles to optimize learning. Some of this may be due to a lack of knowledge of the principles, and some of this may be a lack of familiarity with presentation software. This session is especially important given the recent explosion of a variety of new presentation software and presenting tools. There is also a significant transition and increase in podcasts and e-learning. As the educational arsenal is expanded, the principles underlying effective design become even more important. Furthermore, medical education has specific goals that separate it from business or marketing presentations that play a direct role in the elements of the presentation. The presenters will discuss and demonstrate the application of these principles and several easy presentation software elements that can be used to implement the principles in a large-group format.

Target Audience: Program Directors, GME Educators, Faculty, persons giving educational presentations or creating online content/podcasts

SES066 7:15 am – 10:15 am

Woodson Jones, MD;
Lois Bready, MD;
M. Philip Luber, MD;
Jennifer Thompson, MD, FACP, FIDSA;
Mary Ottolini, MD, MPH

Breaches of Professionalism: What Will You Do?

Significant progress has been made in defining and devising evaluation processes for the core competency of Professionalism. However, mid- and senior-level educators are often faced with making challenging value-based decisions on what actions to take after a trainee has demonstrated unprofessional conduct. This workshop will present cases (all new cases) of unprofessional conduct by residents and utilize a four domain framework (PACC Framework – Person/Act/Circumstances/Consequences) for decision making in each case of unprofessional behavior. The workshop attendees will then vote anonymously using an audience response system to determine which academic action is most appropriate for the lapse in professionalism presented. Each case will be followed by a facilitated discussion regarding why members voted as they did. Finally, members will reflect upon new insights gained from the case discussions.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

SES067 7:15 am – 10:15 am

Walter Baile, MD;
Timothy Gilligan, MD

Teaching Communication Skills Using Advanced Role-Playing Techniques

This mini-course is designed to teach participants how to use advanced role-playing techniques to effectively teach residents and fellows interpersonal and communication skills. The course will be skills-based and problem-focused rather than conceptual. Participants will learn to 1) create an atmosphere conducive to effective communication skills practice; 2) use reflective exercises to generate appropriate scenarios; 3) set up role-plays without scripts as a way of creating a learner-centered experience; 4) immerse trainees in their roles; and 5) conduct and debrief role-plays effectively. Specific strategies to enhance communication skills practice, such as doubling and role-reversal will be demonstrated and explained. The course will be highly interactive, experiential, and learner-centered and is strongly grounded in adult learning theory.

Target Audience: Program Directors, GME Educators, Faculty

Saturday, March 1

SES068 7:15 am – 10:15 am

Nien Yue Koh, MBBS;

Faith Chia, MBBS

Translating Multiple Evaluation Vocabularies to a Single Competency Graph and Meaningful Milestone Map for Residents

Multiple evaluation tools are frequently used to evaluate the competencies of the resident, but not the achievement of milestones in a longitudinal fashion. In recent times, ACGME-I developed a Resident Competency Tracking Evaluation which aims to track the residents' performance over time using the Dreyfus model. The inherent challenges faced by programs in the evaluation of residents include multiple training sites, multiple evaluation tools, varied evaluation frameworks, varied vocabulary, varied interpretation of the rating scores by faculty, and unmotivated residents. The session aims to address how the existing evaluation tools can be used for tracking the achievement of milestones and progress of residents, communication of expectations for performance, and for informing decisions regarding suitability of residents to practice at various levels. There will also be discussion on the inaugural use of the Conscientiousness Index in residents' evaluation. Participants will have the opportunity to work in small groups to practice developing a system of mapping various evaluation tools into competency graphs and milestone maps.
Target Audience: DIOs, Program Directors, Coordinators, Faculty

SES069 7:15 am – 10:15 am

Theodore Sectish, MD;

Nancy Spector, MD

The I-PASS Handoff Process: Teaching and Evaluating a Standardized Approach to Transitions in Care

The ACGME Common Program Requirements require that all training programs ensure and monitor effective structured patient handoff processes to facilitate both continuity of care and patient safety, yet most programs lack the curricula and assessment tools to meet this requirement. In this interactive, three-hour mini-course, participants will learn an evidence-based, consensus-driven, standardized approach to teaching and evaluating resident handoffs based on the work of the I-PASS Study Group. This group includes educators, hospitalists, and health services researchers from nine pediatric residency programs across North America. The group designed an educational intervention based on data from a pilot study that demonstrated a 40% reduction in medical errors following the implementation of a resident handoff bundle (team training, use of a verbal mnemonic, and a template for a written handoff document). Participants will spend time in small group discussion, self-reflection, and planning for how they will design an approach to standardizing handoffs within their own programs. Participants will leave with a plan to implement and maintain a handoff curriculum. The I-PASS Study Group will share recent data from the I-PASS Handoff Study related to medical errors, miscommunications, and resident work activities, and make references, resources, curricular materials, and validated tools available. In addition, the presenters will describe the scope of the dissemination of the I-PASS curriculum to date.

Target Audience: DIOs, Program Directors, GME Educators, Faculty, Specialists, Hospitalists, Intensivists, Patient Safety Officers

SES070 8:30 am – 10:00 am

Robin Newton, MD;

Douglas Paull, MD;

Charles Sanders, Jr., MD

Facilitator: Kevin Weiss, MD, MPH, MHSA

Patient Safety and CLER: Voices from the Field

The CLER program provides a unique opportunity for the GME and the clinical leadership, together, to shape the clinical environment for optimal patient care and resident learning. The first focus area of Clinical Learning Environment Review is "patient safety" that is, how the sponsoring institution engages residents in identifying, reporting, analyzing, and developing plans of action to address patient safety events, near misses, and unsafe conditions. This session will emphasize the collaboration necessary between the clinical and GME leadership in creating a robust "Culture of Safety." Through interactive educational techniques, each participant will identify, for their own institution, the fundamental systems for educating, training, and improving patient safety, and the role of residents and GME in adding value to the clinical site's patient safety program.

Target Audience: DIOs, Program Directors, GME Coordinators, Institutional Leaders in Patient Safety and Health Care Quality

Saturday, March 1**SES071** 8:30 am – 10:00 am*Louis Ling, MD***SES072** 8:30 am – 10:00 am*William Robertson, Jr., MD, MBA;**Barbara Bush, PhD***SES073** 8:30 am – 10:00 am*Patricia Surdyk, PhD;**Andrew Filak, MD***SES074** 8:30 am – 10:00 am*Jason Sapp, MD;**Matthew Short, MD***Town Hall – Hospital-Based Accreditation**

This session will provide an open forum for attendees to receive updated information regarding the latest accreditation news in their specialty and give them the opportunity to ask accreditation-related questions. Led by the ACGME Senior Vice President of Hospital-Based Accreditation, with all of the ACGME Executive Directors present, the session will be highly interactive and geared to the needs of the audience.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators in the specialties of Anesthesiology, Diagnostic Radiology, Emergency Medicine, Medical Genetics, Nuclear Medicine, Pathology, Preventive Medicine, Radiation Oncology, and Transitional Year

Ask the Site Visitors

This session offers detailed information on site visit preparation and elements of the site visit from the perspective of the accreditation field representative (site visitor). In an open forum, members of the Field Staff will offer practical advice on the site visit and answer questions from the audience on all aspects of the site visit.

Target Audience: Program Directors, DIOs, GME Educators, Coordinators

Defining Institutional Accreditation for Single Program Institutions

In the NAS, single-program sponsoring institutions (i.e., those sponsoring institutions with only one core program or one core program and subspecialties) will have a separate institutional review by the Institutional Review Committee. This session will focus on the expectations for compliance with the Institutional Requirements by these unique sponsors which, in some cases, may require additional explanation and interpretation.

Target Audience: DIOs, GMEC Chairs, GME Coordinators, GME Educators

Assessing Resident Milestones Using a Comprehensive Assessment of a Simulated Patient Encounter (CASPE)

Assessing attainment of milestones is an essential task in assigning graded and progressive responsibility to trainees as they develop the skills, knowledge, and attitudes to provide safe and effective patient care. This workshop will educate attendees on an innovative assessment tool known as a Comprehensive Assessment of a Simulated Patient Encounter (CASPE). This evaluation method moves above and beyond a traditional Objective Structured Clinical Exam by both focusing on resident milestones and assessing all aspects of a trainee-patient encounter to include patient interaction, history and physical exam, patient presentation, and encounter documentation. This workshop will highlight how the CASPE was developed and present data from this project. Participants will become familiar with the case scenarios and use evaluation forms to assess a videotaped encounter. Valuable resources will be provided so attendees can use this validated assessment tool to meet individual program needs. The CASPE concept and results were presented at the 2012 and 2013 ACGME Annual Educational Conferences to approximately 160 attendees and received outstanding comments and marks. In 2014, the presenters would like to again introduce this concept after milestones have matured, distribute an updated final CASPE evaluation form validated with data addressing inter-rater reliability, and introduce a new scenario and validated evaluation form. The lecture will provide attendees with a valuable and valid assessment tool to help them evaluate the various Dreyfus levels of competency-based milestones.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

Saturday, March 1**SES075 8:30 am – 10:00 am**

Pedro Tanaka, MD, PhD;
Sylvia Berecknyei, DrPH, MS

Improving Learning Outcomes and Resident Perceptions: The Science and Craft of Milestone-Specific Feedback

In this session, participants will share current challenges, perceptions, and trends as they relate to resident feedback in the training environment. The presenters will provide an overview of empirically-based findings on strategies that allow feedback to be most effective and achieve the overarching outcome: helping residents succeed! Participants will have the opportunity to practice these strategies for effective milestone-based feedback. The presenters will review the methods and outcomes of a study as it relates to faculty and resident perceptions of feedback and documentation of learning outcomes for Clinical Competency Committees.

Target Audience: Program Directors, GME Educators, Faculty

SES076 8:30 am – 10:00 am

John Tetzlaff, MD;
Elias Traboulsi, MD

Program Improvement Plan - An Approach to GMEC Oversight of Annual Program Reviews in a Large Academic Medical Center

The program improvement plan (PIP) workshop will present the development and implementation of a central oversight of program improvement plans and annual program reviews (APR) for accredited training programs. A single process was created whereby members of GMEC are assigned to annually review programs not within their discipline with the assistance of a house staff member, also not in that discipline. The review team is charged to review all available information including faculty teaching scores, internal reviews, board pass rates, duty hours, site visits, internal and ACGME surveys of residents and faculty, as well as the prior year's PIP. The team assigns issues with a description of the problems to one of 20 or so themes. These themes or categories are available to the reviewers as drop down boxes in the institution residency management system. When this is complete, the themes are forwarded to the program for response. The responses are then evaluated by the original reviewer and presented at a meeting of the PIP Committee (a sub-committee of the GMEC), to which the program director is invited. The outcome is to accept, modify or reject the program response. The outcome is presented to the GMEC as a resolution. If some issues are unresolved, the program director is asked to address them with the full GMEC. Data collected includes the most common themes, issues with implementation and favorable outcome, including stimulation of academic interest in the house staff assigned to do reviews.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES077 8:30 am – 10:00 am

Michelle Thompson, MD;
Linda Famiglio, MD

A Roadmap for Interprofessional Education in the Clinical Learning Environment

This session will outline a strategic plan for creating and optimizing Inter-professional Education (IPE) in the clinical learning environment. Opportunities, obstacles, and lessons learned for successful implementation will be presented. The session will focus on methods to successfully integrate the four Inter-professional Competencies as extracted from the Inter-professional Education Consortium into longitudinal curricula. Linkage of IPE to Inter-professional Collaboration in the clinical environment will be addressed by presenting clinical exemplars from Geisinger Health System.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

Saturday, March 1

SES078 8:30 am – 10:00 am

Catherine Kaminetzky, MD, MPH;
Christopher Vanderwarder, MD, MBA;
Joyce Wipf, MD;
Christopher Chen, MD, MBA;
Nick Meo, MD

Residents as Agents of Change in the Ambulatory Setting: Successes and Challenges of Implementing a Continuity Clinic-Based Quality Improvement Curriculum for Internal Medicine Residents

The presenters will describe the creation of a continuity clinic quality improvement experience for University of Washington Medicine residents training at the VA Puget Sound Seattle Academic Clinic Site. As one of five VA Centers of Excellence in Primary Care Education, the presenters' quality improvement (QI) curriculum goals are to 1) provide an inter-professional, self-directed, and hands-on experience in QI for trainees; and 2) effect improvement in quality of patient care. In this presentation, the presenters will provide a brief overview of the QI curriculum, including overt and covert content, timelines, scheduling considerations, and consensus building in project selection and implementation. The participating residents will describe their QI project on safe prescribing of chronic opiates and the journey they took in bringing it to fruition, including exploration of several of the project's PDSA cycles. The clinic director will elaborate on the curriculum of change, with an emphasis on opportunities to utilize trainees as change agents in a bottom up approach to accomplish organizational goals and improve patient care. The presenters will explore strategies for obtaining leadership engagement and buy-in, the key to success of QI projects. Successes, challenges, and future course direction are presented from the perspectives of residents and faculty, which may inform GME leaders and educators in creating or improving ambulatory-based QI curricula. Ample time is built in for audience questions and commentary.

Target Audience: Program Directors, GME Educators, Faculty, Administrators

SES079 8:30 am – 10:00 am

Marie Vrablik, MD;
Peter Nalin, MD

A CLER Plan – Implementing a Patient Safety Council for Residents and Fellows

In response to the Clinical Learning Environment Review (CLER) program established by the ACGME, residencies and institutions will need to demonstrate their trainees' engagement in patient safety and quality improvement. To accomplish these goals, the Indiana University GME Office has established a GME Patient Safety Council, comprised of residents, fellows, faculty mentors, and hospital leaders, that is trainee-directed and driven. The speakers will share with you the planning that successfully launched this group, and how they maintain ownership by the residents while guiding the direction of the Council's objectives through faculty advisors and a GME liaison. The speakers will also share short- and long-term goals of the Council, and demonstrate how this Council has assisted their program in meeting the CLER objectives.

Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators

SES080 8:30 am – 10:00 am

Anthony Artino, Jr., PhD;
Ingrid Philibert, PhD, MBA

Improving Survey Instruments for Medical Education Research

The purpose of this workshop is to provide health professions educators with an introduction to a systematic process for creating a valid and reliable survey that can be used as an assessment or research tool.

Target Audience: Junior Faculty, Medical Educators, Residents, Fellows interested or engaged in education research and in improving evaluation and other survey instruments

SES081 8:30 am – 10:00 am

John Co, MD;
Eric Nadel, MD

Managing the Poorly Performing Residents

This workshop will address the fundamentals of managing poorly performing residents. It will include methods for early identification, proper documentation, how to evaluate the resident, developing a remediation plan, and successfully dismissing a resident not suited to complete the residency. It will include small groups reviewing real cases with time for discussion.

Target Audience: Program Directors, Coordinators

Saturday, March 1

SES082 8:30 am – 10:00 am

*Alisa Nagler, JD, MA, EdD;
Kathryn Andolsek, MD, MPH*

They Have Only Just Begun: Clinical Competency Committees as Part of NAS

The Next Accreditation System will provide increasing opportunities to standardize meaningful and measurable assessments of resident performance through milestones and entrustable professional activities. Programs must identify individual resident performance across the entire residency and provide summative assessment that the resident is capable of transitioning to independent practice. A Clinical Competency Committee (CCC) can support the program director in these assessments, which may be required to be shared with ACGME and some boards. Committee members and their faculty development opportunities are instrumental to its success. The CCC can provide support to the individual program director, objectify the process of summative assessment, identify residents who might benefit from remediation, monitor individualized learning plans, and highlight program strengths and opportunities for improvement. The session will focus on an institutional approach to develop, enhance, and measure the effectiveness of CCCs.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES083 8:30 am – 10:00 am

*Heather Peters, PhD;
Alfred Peters, MBA*

Pinpointing Professionalism Issues for Struggling House Staff

Professionalism, one of the six core competencies, is difficult to remediate because describing the exact nature of one's lack of professionalism is a difficult task. There is also a fair amount of subjectivity to professionalism. What one attending deems unprofessional, another may deem acceptable. Yet, as each specialty developed its own Professionalism Contract and codified its expectations, an idea began to emerge. What if a Professionalism Assessment Tool could be created that took a self-inventory and a faculty/supervising resident inventory and compared them? Would that give the speakers some workable data to develop some specific areas for remediation? This hands-on workshop will discuss the Professionalism Assessment Tool that was developed, and how the speakers currently use it to remediate professionalism issues. During this workshop, participants will dialogue in small groups about professionalism, receive copies of the tool and instructions on how to use it, and receive support for the difficult task of remediating professionalism in graduate medical education.

Target Audience: Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES084 8:30 am – 10:00 am

*Eric Warm, MD;
Benjamin Kinnear, MD*

Turn Your Current Assessment Tools into NAS Reporting Gold

The Next Accreditation System (NAS) challenges program directors to develop meaningful work-based evaluations that support direct observation of resident behaviors. Unfortunately, many current resident assessment tools rate performance on general categories such as medical knowledge or systems-based practice without clearly delineating the specific skills being assessed. Rotation-based learning objectives that are non-specific, difficult to measure, or otherwise disconnected from formative assessment will not meet the goals of the NAS. During this workshop, participants will analyze assessment tools from their own programs and revise them to create assessments grounded in direct observation of resident performance. Participants will learn how to link learning objectives that are specific, measurable, achievable, and relevant to assessment. Matching curriculum and assessment around directly observed behaviors may require restructuring the way attendings and residents interact on the wards, and examples of this will be shown. Finally, organizers will demonstrate ways to aggregate rotation-based assessment data for reporting using the NAS milestones document. Participants should bring examples of rotation-based assessment tools from their home programs for use in the workshop (or be able to access them via the Internet at the meeting). Samples of traditional assessment tools will be provided if this is not possible. Come be part of the workshop! The presenters would like to help attendees comply with NAS regulations and create high value assessment tools for formative and summative feedback.

Target Audience: Program Directors, GME Educators, Faculty

Saturday, March 1

SES085 8:30 am – 10:00 am
 Monica Lypson, MD, MHPE

Developing Faculty Skills in Veteran-Centered Care and Military Disparities: Understanding Where Soldiers Really Come From

Training residents to address health care disparities based on socioeconomic class involves not only evidence for the existence of such disparities, but also the fostering of critical awareness of the impact of assumptions, biases, and prejudices that arise amid physician-patient interactions. With nearly 2.6 million U.S. service members returning from service in Iraq and Afghanistan over the past decade, the presenter's health system will need to improve their ability to provide care to this population. To aid in addressing this national issue, the Joining Forces initiative was recently launched to establish and improve the nations' commitment to meeting the unique health care needs of veterans and their families. Many returning veterans, in the current economy, rely upon either care from Veteran Affairs (VA) institutions or other public assistance to receive the care they need due to unemployment and illness. This active-learning workshop guides participants through various activities directed to improve care to our nations' veterans and facilitate the delivery of veteran-centered and military culturally competent care. As part of this workshop, participants will engage in discussion sessions in which they reflect on their impressions of the clips, situations and themes from scenes from the documentary "Where Soldiers Come From." This exposure is critical given that the VA provides education for 28,000 residents annually.

Target Audience: Program Directors, GME Educators, Faculty, Nurses, Pharmacists, Allied Health Professionals

SES086 8:30 am – 10:00 am
 Jodie Eckleberry-Hunt, PhD;
 Heather Kirkpatrick, PhD

Even One is Too Many: Suicide Prevention in Residencies

Approximately 300 physicians take their own lives every year, which is equivalent to an entire typical medical school class. Although the exact prevalence of physician suicide is debated, physicians do commit suicide at a higher rate compared to the general population. Given the elevated risk of suicide and associated psychological disorders, why is this still a hidden issue? This presentation will draw attention to the hidden problem of physician suicide and begin dialogue about how to increase awareness of physician suicide in graduate medical education. The presenters will review available prevention literature and identify key components of a successful program.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES087 10:30 am – 12:00 pm

Marvin R. Dunn Keynote Address

Target Audience: All

SES088 2:00 pm – 5:00 pm
 Eric Holmboe, MD;
 William Lobst, MD, FACP

Realizing the Promise of Competency-Based Medical Education and the Next Accreditation System to Improve Residency Training and Patient Care

This course will provide practical suggestions for implementing outcomes-based medical education in the context of the Next Accreditation System with specific focus on developmental milestones, entrustable professional activities (EPAs), and a systems approach to assessment and evaluation. This mini-course will be presented in three components: 1) a large group interactive review and discussion of important concepts and principles of competency-based medical education (CBME), milestones, and EPAs; 2) an interactive workshop of key assessment principles and methods with a specific focus on direct observational methods and feedback with video exercises and small group exercises; and 3) an interactive workshop on developing an assessment system, including the need to involve multiple perspectives regarding trainee performance, enhanced self-directed assessment by the trainee, and the emerging role of competency committees in the determination of competence.

Target Audience: DIOs, Program Directors, GME Educators

Saturday, March 1

SES089 2:00 pm – 5:00 pmDavid Farley, MD;
Raaj Ruparel, MD**Teaching, Assessing, and Remediating in the Age of Milestones: A General Surgery Simulation and AV Curriculum**

Modern surgical trainees require numerous repetitions and vast experience to become master surgeons. In a duty hour restricted world, surgical residents must come better prepared to the operating room for the limited number of procedures they will see and do. The speakers' general surgery program has created a weekly curriculum to enhance repetitions of surgical skills and procedures and combined it with an online audiovisual learning library to enhance surgical knowledge. Clarifying goals and objectives has improved resident performance, and assessment is offered in a controlled, simulated environment twice per year to all trainees. Remediation is performed on a one-on-one basis. While far from utopia, this effort over the last decade has matured into a curriculum that stimulates learners and identifies both high and low performers such that each can be advanced appropriately in the age of milestones.

Target Audience: Program Directors, Coordinators, GME Educators, Faculty

SES090 2:00 pm – 5:00 pmKaren Miller, MS;
David Adams, MD**Reality or Fantasy: Institutional NASboard to Monitor Effectiveness in the CLER 6 Focus Areas**

Is continuous monitoring of the sponsoring institution's effectiveness in each of the ACGME CLER focus areas a reality or fantasy? Is it possible to develop an institutional NASboard to monitor effectiveness? This mini-course provides participants opportunities to explore various metrics to monitor performance in the CLER focus areas: 1) patient safety; 2) quality improvement; 3) transitions in care; 4) supervision; 5) duty hours oversight, fatigue management, and mitigation; and 6) professionalism. Discussion in each focus area begins with the speakers describing the results from their CLER visit followed by a collaborative group session. Each session explores practices used in the participants' institutions or programs that could be used to monitor effectiveness in the focus area. The groups identify the experience/activity, determine the frequency for monitoring, and describe metrics to assess the effectiveness of the experience/activity. The mini-course finishes with the speakers presenting the current status of their NASboard and evaluating its effectiveness in monitoring performance in the CLER focus areas.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES091 2:00 pm – 5:00 pmM. Tyson Pillow, MD, MEd;
Stacey Poznanski, DO;
Nathan Allen, MD**Presentation Design for Medical Educators – A Missing Piece of Faculty Development**

One of the critical pieces in becoming an invaluable educator is the ability to give effective presentations. Despite the multitude of tools available, there is very little formal teaching on the education and design principles necessary to create effective presentations. Often, the tools used to supplement the lecture, usually PowerPoint, do not fully utilize educational and design principles to optimize learning. Some of this may be due to a lack of knowledge of the principles, and some of this may be a lack of familiarity with presentation software. This session is especially important given the recent explosion of a variety of new presentation software and presenting tools. There is also a significant transition and increase in podcasts and e-learning. As the educational arsenal is expanded, the principles underlying effective design become even more important. Furthermore, medical education has specific goals that separate it from business or marketing presentations that play a direct role in the elements of the presentation. The presenters will discuss and demonstrate the application of these principles and several easy presentation software elements that can be used to implement the principles in a large-group format.

Target Audience: Program Directors, GME Educators, Faculty, persons giving educational presentations or creating online content/podcasts

Saturday, March 1**SES092 2:00 pm – 5:00 pm**

Woodson Jones, MD;
Lois Bready, MD;
Jerri Curtis, MD;
Dewesh Agrawal, MD, FAAP,
FACEP

Breaches of Professionalism: What Will You Do?

Significant progress has been made in defining and devising evaluation processes for the core competency of Professionalism. However, mid- and senior-level educators are often faced with making challenging value-based decisions on what actions to take after a trainee has demonstrated unprofessional conduct. This workshop will present cases (all new cases) of unprofessional conduct by residents and utilize a four domain framework (PACC Framework – Person/Act/Circumstances/Consequences) for decision making in each case of unprofessional behavior. The workshop attendees will then vote anonymously using an audience response system to determine which academic action is most appropriate for the lapse in professionalism presented. Each case will be followed by a facilitated discussion regarding why members voted as they did. Finally, members will reflect upon new insights gained from the case discussions.
Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

SES093 2:00 pm – 5:00 pm

Walter Baile, MD;
Timothy Gilligan, MD

Teaching Communication Skills Using Advanced Role-Playing Techniques

This mini-course is designed to teach participants how to use advanced role-playing techniques to effectively teach residents and fellows interpersonal and communication skills. The course will be skills-based and problem-focused rather than conceptual. Participants will learn to 1) create an atmosphere conducive to effective communication skills practice; 2) use reflective exercises to generate appropriate scenarios; 3) set up role-plays without scripts as a way of creating a learner-centered experience; 4) immerse trainees in their roles; and 5) conduct and debrief role-plays effectively. Specific strategies to enhance communication skills practice, such as doubling and role-reversal will be demonstrated and explained. The course will be highly interactive, experiential, and learner-centered and is strongly grounded in adult learning theory.
Target Audience: Program Directors, GME Educators, Faculty

SES094 2:00 pm – 5:00 pm

Nien Yue Koh, MBBS;
Faith Chia, MBBS

Translating Multiple Evaluation Vocabularies to a Single Competency Graph and Meaningful Milestone Map for Residents

Multiple evaluation tools are frequently used to evaluate the competencies of the resident, but not the achievement of milestones in a longitudinal fashion. In recent times, ACGME-I developed a Resident Competency Tracking Evaluation which aims to track the residents' performance over time using the Dreyfus model. The inherent challenges faced by programs in the evaluation of residents include multiple training sites, multiple evaluation tools, varied evaluation frameworks, varied vocabulary, varied interpretation of the rating scores by faculty, and unmotivated residents. The session aims to address how the existing evaluation tools can be used for tracking the achievement of milestones and progress of residents, communication of expectations for performance, and for informing decisions regarding suitability of residents to practice at various levels. There will also be discussion on the inaugural use of the Conscientiousness Index in residents' evaluation. Participants will have the opportunity to work in small groups to practice developing a system of mapping various evaluation tools into competency graphs and milestone maps.
Target Audience: DIOs, Program Directors, Coordinators, Faculty

Saturday, March 1**SES095** 2:00 pm – 5:00 pm

Theodore Sectish, MD;
Nancy Spector, MD

The I-PASS Handoff Process: Teaching and Evaluating a Standardized Approach to Transitions in Care

The ACGME Common Program Requirements require that all training programs ensure and monitor effective structured patient handoff processes to facilitate both continuity of care and patient safety, yet most programs lack the curricula and assessment tools to meet this requirement. In this interactive, three-hour mini-course, participants will learn an evidence-based, consensus-driven, standardized approach to teaching and evaluating resident handoffs based on the work of the I-PASS Study Group. This group includes educators, hospitalists, and health services researchers from nine pediatric residency programs across North America. The group designed an educational intervention based on data from a pilot study that demonstrated a 40% reduction in medical errors following the implementation of a resident handoff bundle (team training, use of a verbal mnemonic, and a template for a written handoff document). Participants will spend time in small group discussion, self-reflection, and planning for how they will design an approach to standardizing handoffs within their own programs. Participants will leave with a plan to implement and maintain a handoff curriculum. The I-PASS Study Group will share recent data from the I-PASS Handoff Study related to medical errors, miscommunications, and resident work activities and make references, resources, curricular materials, and validated tools available. In addition, the presenters will describe the scope of the dissemination of the I-PASS curriculum to date.

Target Audience: DIOs, Program Directors, GME Educators, Faculty, Specialists, Hospitalists, Intensivists, Patient Safety Officers

SES096 2:00 pm – 3:30 pm

Jerry Vasiliadis, PhD;
Felicia Davis, MHA;
Caroline Fischer, MBA;
Patricia Levenberg, PhD;
James Arrighi, MD;
Michael Coburn, MD

Coordinator Plenary: Reflections on Transitioning to NAS*

This session will provide practical information for coordinators regarding the Phase I transition to NAS from Executive Directors and RC Chairs that were involved.

Target Audience: Coordinators

SES097 2:00 pm – 3:30 pm

Joel Moll, MD;
Paul Krieger, MD

LGBT Health: Educating Physicians to Provide Equitable and Quality Care

In March 2011, the Institute of Medicine published a landmark report, "The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding." The report concluded that to advance understanding of the health needs of all LGBT individuals, researchers need more data about the demographics of these populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research. The Joint Commission and the Department of Health and Human Services have both followed suit with plans for addressing the health needs of LGBT individuals, citing a need for education of health care providers. Recently, JAMA reported that medical schools, on average, have fewer than five hours of LGBT-specific content. The literature shows that 40% of LGBT patients cite lack of provider education as a barrier to care; 10% report being refused care outright; and 27% fear being treated poorly by providers. As LGBT health takes a national spotlight, it is essential that physicians respond with the appropriate educational tools to train the next generation of physicians to care for sexual minorities. The panel discussion will address key areas related to LGBT health and the status of LGBT health care education.

Target Audience: Program Directors, GME Educators, Faculty

SES098 2:00 pm – 3:30 pm

Mary Lieh-Lai, MD

Town Hall – Medical Accreditation

This session will provide an open forum for attendees to receive updated information regarding the latest accreditation news in their specialty and give them the opportunity to ask accreditation-related questions. Led by the ACGME Senior Vice President of Medical Accreditation, with all of the ACGME Executive Directors present, the session will be highly interactive and geared to the needs of the audience.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators in the specialties of Allergy and Immunology, Dermatology, Family Medicine, Neurology, Pediatrics, Physical Medicine and Rehabilitation, and Psychiatry

Saturday, March 1**SES099** 2:00 pm – 3:30 pm

Carl Patow, MD, MPH, FACS;
William Barron, MD;
Herbert Garrison, III, MD

Facilitator:

Robin Wagner, RN, MHSA

Quality Improvement and CLER: Engaging Residents to Improve Systems of Care

The second focus area of Clinical Learning Environment Review (CLER) is “quality improvement,” that is, how the sponsoring institution engages residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes. The CLER program provides a unique opportunity for the GME and the clinical leadership, together, to shape the clinical environment for optimal patient care and resident learning. This session will emphasize the collaboration necessary between the clinical and GME leadership at the site to improve patient care. Through interactive educational techniques, each participant will identify, for their own institution, the fundamental systems for improving clinical quality, the role of residents and GME in adding value to the system of clinical quality, and the interplay between the site and GME leadership to move the quality agenda. Health care disparities will be discussed as a special interest topic under the CLER quality improvement focus area.

Target Audience: DIOs, Program Directors, Faculty, Coordinators

SES100 2:00 pm – 3:30 pm

Lisa Maxwell, MD;
Neil Jasani, MD, MBA

From the ED to Inpatient: Improving the Safety and Efficacy of an Interdepartmental Handoff Process

The transition of care from the ED to teaching inpatient teams happens hundreds of times per month and can be associated with adverse events. There are few standardized approaches to this specific act of communication. Most research focuses on transfers within a specialty. The transfer from ED to admitting physicians is seldom studied, with even fewer interventions developed and researched. National accrediting bodies, such as JCAHO and ACGME, recognize the need for ongoing efforts that encourage effective inter-service handoff communication. This session will review the ED-inpatient handoff initiative at Christiana Care Health System. The speakers will review the assembly of an Interdepartmental Handoff Task Force and the design of a new handoff process between the Emergency Department and the Inpatient Teaching Services. This session will present the implementation and data collection around the process the Task Force created.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

SES101 2:00 pm – 3:30 pm

Matthew McEvoy, MD;
Jesse Ehrenfeld, MD, MPH

Automated Near Real-Time Clinical Performance Feedback for Residents: One Piece of the Milestones Puzzle

Residencies are developing trainee assessment tools to evaluate a large number of milestones that map the six core competencies. The presenters will discuss the implementation of a system that provides near real-time feedback concerning anesthesiology resident performance on an extensible series of quality metrics that is responsive to requests arising from resident feedback about desired reporting mechanisms. The process of system creation, implementation, and use will be described during this session with guidance on how to replicate at other institutions and in other disciplines.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES102 2:00 pm – 3:30 pm

William Robertson, Jr., MD, MBA;
Christopher Pack, PhD;
Serge Martinez, MD, JD

Nathan K. Blank Fellowship Awardee Presentations

The ACGME and the Blank family, in honor of Dr. Nathan K. Blank’s memory and commitment to professionalism, created a fellowship to support field staff members as they pursue independent research to address important issues in graduate medical education. Since its inception, there have been five fellowships awarded to deserving field staff members. Three fellows, Dr. William Robertson, Jr., Dr. Christopher Pack, and Dr. Serge Martinez will provide an overview of the findings of the Blank Fellowship projects, with a special focus on how these findings can improve the site visit process, as well as graduate medical education as a whole.

Target Audience: All

Saturday, March 1**SES103** 2:00 pm – 3:30 pmTimothy Munzing, MD;
Diane Jerng, MD, MEd**Patient Safety is King: Teaching Learners Methods to Better Prevent Medical Errors**

Medical errors and harm result in 15 million incidents per year. Patient safety endeavors and quality improvement are a priority for the ACGME and residency programs, as well as critical for delivering high quality care and developing outstanding health care systems. Many errors are not caused by “bad” doctors, but by good doctors who make mistakes of omission or commission. Some are caused by common cognitive issues related to how physicians think. Didactics and case discussions will be utilized to explore causes of medical errors and possible methods to avoid them for residents, students, and staff.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES104 2:00 pm – 3:30 pmDonald Brady, MD;
Brenessa Lindeman, MD**“Caught in the Middle”: The Resident’s Dual Perspective on Learner Mistreatment**

Residents (and fellows) have a unique perspective on learner mistreatment. As learners, they may be the subject of mistreatment, not only by those who supervise them, but also by others in the health care system. On the other hand, as a supervisor of medical students and other trainees, house staff at times may be the source of the mistreatment as well. This session, co-facilitated by a resident and a faculty member, will serve not only to highlight the various issues related to learner mistreatment, but also to advance efforts to address such mistreatment and to transform culture so that such mistreatment is minimized. The session promises to be highly interactive, with both large and small group activities.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES105 2:00 pm – 3:30 pmSandra Moutsios, MD;
John McPherson, MD**Teaching Your Core Faculty to Write EPAs for Their Own Discipline: Meaningful Milestone-Based Assessments Your Faculty Understand and Want to Use!**

Faculty intuitively knows who are the competent residents and who are not; they know who is professional and who is not; and they know who they trust and who they do not. Entrustable professional activities (EPAs) are a strategy to capture this knowledge and these observations in an ACGME reportable data set. The current “7” on systems-based practice on the global evaluation forms does not capture what the faculty intuitively knows and what they observe; nor does it allow the speakers to reliably comment on the resident’s competence in systems-based practice. When the speakers have allowed their faculty to create their own EPAs for their own field, that is, to decide what outcomes they want to see in the residents from their educational rotation experience, they are more interested in the evaluation process, and more likely to complete the evaluation tool and in a meaningful way. EPAs also allow translating the often complicated taxonomy of educational language into language all practicing physicians use and understand. Defining “competency,” “competent,” and “competence” is important for those who engage in education as scholarship, but it is not necessary for the general faculty. EPAs allow faculty to use the language they know, use, and live every day, and then translate that information into meaningful assessments. The speakers hope to provide a tangible take-home strategy and materials for attendees’ own faculty development sessions at their home institution to teach their core faculty to write their own rotation-specific EPAs, that not only specifically define curricula, but that also map to the milestones for ACGME reporting.

Target Audience: Program Directors, GME Educators

Saturday, March 1

SES106 2:00 pm – 3:30 pm

Scott Holliday, MD;

John Mahan, MD

Burnout in Pediatric Residents and Fellows: Constructing a Program to Focus on Diagnosis, Prevention, and Intervention

This workshop is designed to help program directors, faculty, and GME educators to understand the concept of burnout and evidence-based methods for detection, prevention, and intervention. Burnout is a psychological term for the experience of long-term exhaustion, depersonalization, and decreased interest in life and career. As many as 40% of the general practitioners self-reported burnout, and inventories done at Nationwide Children's Hospital report a high incidence of burnout in residents and fellows. Levels of burnout vary among residency specialties, with the highest levels in internal medicine and surgery and the lowest levels of burnout in family medicine and pediatrics. Burnout levels negatively correlate with empathy and self-compassion scores. Burnout is also linked to depression in residents which is noted in as many as 27-30% of interns. This important issue is worth further exploration. In this workshop, participants will initially complete and self-score their own Maslach Burnout Inventory (MBI) to better appreciate the depth and characteristics of this standard tool. The science underlying the construct of burnout will then be explored through presentation and group discussion. The presenters will then describe activities designed to prevent and ameliorate burnout derived from their experience with residents and fellows. A number of personal and group activities adapted from several resources, most importantly the book, "Don't Jettison Medicine" by Patricia L. and Robert A. Raymond will be highlighted. Finally, the participants will assemble in small groups to develop specific action plans to assess, prevent, and/or intervene in burnout with residents and/or fellows in their own institutions and/or programs.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

SES107 2:00 pm – 3:30 pm

Elise Lovell, MD;

Michael Epter, DO

Diagnosing and Treating the Difficult Learner – An Interactive Workshop

Educating smart and enthusiastic residents is often effortless while difficult learners present a unique challenge. As a result of multiple variables, educators are left frustrated and consume considerable time and energy without feeling that they have "minded the gap" between success and failure in advancing this sub-group. Positive outcomes require the 1) accurate and timely identification of barriers to effective learning (e.g., knowledge and focus, integration, motivation, and/or professionalism); 2) assessment of contributing factors (learner, teacher, environment/situational); and 3) implementation of specific learner-centered interventions. Within this 90-minute interactive session, sample videos will facilitate an open discussion of the aforementioned. Participants will have the opportunity to share their own experiences and challenges and engage the session leaders with the goal of constructing a framework to successfully assist educators in optimizing outcomes for this learner cohort.

Target Audience: Program Directors, GME Educators, Faculty

SES108 2:00 pm – 3:30 pm

Michelle Thompson, MD;

Dianne Muchant, MD

Resident Remediation: Using Milestones to Develop Individualized Criterion-Based Resident Improvement Plans

This session will demonstrate how Clinical Competency Committees can develop individualized resident remediation plans through the use of assessment and evaluation strategies aligned with the milestones. By developing improvement plans targeted to specific deficiencies, remediation plans can be tailored in content and duration with criterion-based learner advancement as the outcome measure. There will be didactic and small group learning activities to share and apply knowledge of remediation principles. Participants will apply these principles using an example of a Remediation Planning Worksheet to guide the development of a milestone-based improvement strategy.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty

Saturday, March 1**SES109** 2:00 pm – 3:30 pm*Alisa Nagler, JD, MA, EdD;
Kathryn Andolsek, MD, MPH***Specialty Updates****SES110** 2:00 pm – 3:30 pm*Robert Johnson, MD, MPH, MBA;
Lori Lewis, EdD, RD***SES111** 2:00 pm – 3:30 pm*Bruce Orkin, MD;
Pamela Derstine, PhD, MHPE***SES112** 2:00 pm – 3:30 pm*Mary Ciotti, MD;
Mary Joyce Turner, RHIA, MJ***SES113** 2:00 pm – 3:30 pm*Walter Merrill, MD;
Peggy Simpson, EdD***SES114** 3:45 pm – 5:15 pm*Peter Nalin, MD;
Patricia Surdyk, PhD;
James Bagian, MD;
Kevin Weiss, MD, MPH, MHSA;
Robin Wagner, RN, MHSA***SES115** 3:45 pm – 5:15 pm*Christopher Palestro, MD;
Felicia Davis, MHA***SES116** 3:45 pm – 5:15 pm*Louise King, MS***SES117** 3:45 pm – 5:15 pm*Sukgi Choi, MD;
Pamela Derstine, PhD, MHPE***Supporting Faculty in Their Teaching Role: Needs, Challenges, and Solutions for Faculty Development Programs**

GME program directors and core faculty may feel overwhelmed and insufficiently resourced and trained to be effective medical education administrators and teachers. There are growing accreditation requirements and evolving expectations at home institutions to provide faculty development in teaching and assessment. Faculty development is one of four areas the ACGME specifically requires as part of the annual self-evaluation. This session will review the requirements and needs for faculty development. Presentation and discussion will focus on format and content of effective faculty development offerings. Best practices (and challenges) from participants and the presenters will provide meaningful information. Facilitators will provide an overview of a successful centralized faculty development series (leveraging institutional resources and fostering collaborating across specialties) at their institution.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

These sessions include an update on recent RC and ACGME activities and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System (NAS). There will be ample time for Q & A.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators

Specialty Update – Preventive Medicine**Specialty Update – Colon and Rectal Surgery****Specialty Update – Obstetrics and Gynecology****Specialty Update – Thoracic Surgery****Town Hall – Institutional Section**

This session will provide an open forum for attendees to receive updated information from the ACGME's Institutional Section which includes institutional accreditation activities and the Clinical Learning Environment Review (CLER) program. Discussion will be led by Kevin Weiss, MD, MPH, MHSA Senior Vice President of the Section, along with Institutional Review and CLER Committees' leadership and staff. The session will be highly interactive with an open mike for questions from the participants.

Target Audience: DIOs, GMEC Chairs, GME Coordinators, GME Educators

Specialty Update – Nuclear Medicine**Specialty Update – Allergy and Immunology****Specialty Update – Otolaryngology**

Saturday, March 1

SES118 3:45 pm – 5:15 pm

Ingrid Philibert, PhD, MBA;
Mary Lieh-Lai, MD

Preparing for the NAS Program Self-Study

The first program self-studies in the Next Accreditation System (NAS) are scheduled for the fall of 2015. A key objective of the self-study is to facilitate ongoing improvement activities in accredited programs. This session offers practical advice on preparing for a self-study, including use of data from the Annual Program Evaluation and data generated by the ACGME one year before the date of the self-study site visit, and also discusses key elements of the self-study site visit.

Target Audience: Program Directors, DIOs, GME Educators, Coordinators

SES119 3:45 pm – 5:15 pm

Denise Dupras, MD, PhD;
Randall Edson, MD

How to Develop a Successful Competency Committee

This session will include the description of a Clinical Competency Committee (CCC) and allow participants to understand the components and processes that make the CCC effective and successful for the monitoring of trainee performance in a large internal medicine training program. The session will highlight necessary elements of the CCC, the incorporation of institutional policies, and the development of the CCC's function for reporting on trainee performance in the Next Accreditation System.

Target Audience: Program Directors, GME Educators

SES120 3:45 pm – 5:15 pm

Manu Madhok, MD, MPH

Using Simulation to Assess Milestones

The ACGME has developed milestones for specialties and sub-specialties that define behaviors in each competency domain along a continuum from novice to expert. This simulation provides the educators and program directors with an opportunity to collaborate and develop scenarios that can assess trainees in terms of milestone marker placement. This course presents a technique for mapping simulation scenario objectives to milestone markers and using milestone assessment tools useful to training programs. Learning activities include discussions, assessment of videotaped simulations, working with tools to assess trainees, and building scenarios to meet specific needs.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

SES121 3:45 pm – 5:15 pm

Hollynn Larrabee, MD;
Carrie Calloway, MA

Novel Use of Electronic Portfolios to Track Program Compliance with ACGME Standards within the Institution

This session will describe the novel use of electronic portfolios by the sponsoring institution as a method for central oversight of residency programs within the institution. With increasing oversight expectations within the Next Accreditation System and CLER, electronic program portfolios offer a creative and efficient route of tracking program compliance with CLER core areas and institutional requirements. They also allow quick access to information for the Annual Program Evaluation with the ability to compare information between programs throughout the institution far beyond a simple dashboard. The presenters will describe the creation, contents, management, and utilization of electronic Program Portfolios as well as barriers to implementation and best practices for institutional oversight using them.

Target Audience: DIOs, Administrators

SES122 3:45 pm – 5:15 pm

David Metro, MD;
Rita Patel, MD

Practical Ways to Engage Faculty and Residents in Patient Safety

Patient safety initiatives have the goal of improving patient care. Incorporating an effective patient safety curriculum into GME training programs has positive consequences that extend beyond GME. In this session, attendees will explore mechanisms of integrating patient safety principles to provide a comprehensive education and improve patient care. Practical examples of these initiatives at a departmental and institutional level will be discussed, including the development of resident-driven patient safety committees; ways to increase faculty and resident participation in hospital patient safety programs; how to improve rates of reporting of patient safety events; and the use of simulated experiences and the role of the GMEC in patient care. Meeting ACGME patient safety milestones will be addressed.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

Saturday, March 1**SES123 3:45 pm – 5:15 pm**

Jodie Eckleberry-Hunt, PhD;
Heather Kirkpatrick, PhD

A Data Driven Examination of Physician Wellness and What It Means

Physician wellness is more than a lack of burnout, but what is it exactly? If the career demands of medicine don't allow for work-life balance as defined by the general population, does that mean physicians cannot be well? This presentation will provide a concrete, measureable definition of physician wellness based on a study of members of the American Academy of Family Physicians. The findings provide wellness targets specific to the career demands of physicians and give clues on where wellness promotion should focus, particularly within graduate medical education. This session will provide new knowledge, the opportunity for self-assessment, the opportunity to apply the knowledge within graduate medical education, and the opportunity to share new ideas that are generated. Participants will be given the newly developed Physician Wellness Inventory to use within their own programs.

Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators

SES124 3:45 pm – 5:15 pm

Diane Jerng, MD, MEd;
Timothy Munzing, MD

Optimizing Resident Remediation: Reducing Frustration and Demoralization

The resident remediation process may be a source of frustration for many faculty and residents, leading to undesired disappointment and anger. Current literature reviews well-coordinated institutional processes, but resident-centered remediation that focuses on individual development relies on a clear understanding of the underlying cause of learner difficulty. Using the patient interview model, the presenters will review the scope and depth of history-taking needed to make an accurate diagnosis of the resident's difficulty, including exploring learning and personality preferences, innate cognitive/psychomotor skills, and family/cultural psycho-social sources. When helping a struggling resident understand these factors that contribute to their difficulties, the presenters can take the frustration away and avoid the demoralization that too often follows. Residents are more receptive to remediation where the focus is supportive growth.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

SES125 3:45 pm – 5:15 pm

John Mahan, MD;
Sue Poynter Wong, MD

Faculty Development for the ACGME Milestone Construct – Many Paths to Faculty Competence

The ACGME milestones are observable developmental steps moving from beginning resident to expected level of proficiency at graduation from residency, ultimately to the level of expert/master. The milestones for each specialty, as developed by expert panels, describe a trajectory of progress from beginner to independent practitioner. Milestones are granular assessment measures that define a shared understanding of expectations, provide ultimate goals for trainees, and require focus on specific behaviors that provide the substance of formative feedback, remediation, and a roadmap for the learner. Milestones represent the power of narrative evaluation and represent an important paradigm shift away from normative, often subjective, evaluations of clinical competency. The use of milestones assessments to inform the work of the ACGME required Clinical Competency Committees (CCC) and the ultimate report of the CCCs (semiannual milestones designations for each resident) will challenge faculty versed and experienced in normative evaluation methods. The workshop will feature training videos for developing milestones skills, ideas for defining CCC engagement in milestones use, and opportunities to define proposals for milestones faculty development in the participant's own program/institution.

Target Audience: DIOs, Program Directors, GME Educators, Faculty

Saturday, March 1

SES126 3:45 pm – 5:15 pm
Susan Moffatt-Bruce, MD, PhD;
Iahn Gonsenhauser, MD, MBA

SES127 3:45 pm – 5:15 pm
Kathryn Andolsek, MD, MPH;
Diana McNeill, MD

SES128 3:45 pm – 5:15 pm
Mukta Panda, MD, FACP;
Eric Walsh, MD;
James Zaidan, MD, MBA

Facilitator:
Carl Patow, MD, MPH, FACS

Making Your Hospital Safer: Simple Strategies to Better Systems

Strategies to make hospitals safer include crew resource training, resident-led safety conferences, and quality electives. A modified team training using the best from the aviation world will be offered to the attendees. Using a hard-wired safety tool designed at the Ohio State University Medical Center, attendees will be able to develop the methodology to their own institution to design and use safety tools that allow health care providers to have open lines of communication and truly share the same mental model. These tools for improved communication would be applicable to all levels including medical students, staff, and faculty. Using the Healthcare Matrix (Bingham, 2005), orthopaedic surgery residents have developed a Patient Safety Conference as an alternative to the traditional M & M. This matrix combines ACGME core competencies with IOM aims for safe care. This conference is multidisciplinary, consisting of small group discussions around system-based improvements. Attendees of this session will participate in a “live” Patient Safety Conference involving a resident handoff communication failure case. Using the IHI Open School curriculum, the development of a year-long, integrated elective will be shared. Techniques to teach Lean Six Sigma methodology so residents can use these tools in their process improvement project will be presented.

Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators

Transitions of (Educational) Care: Applying Lessons Learned from Annual Program Evaluation and Internal Reviews to Pilot Education Competency Committees

Developing a structured Annual Program Evaluation process will be essential to the success of institutional oversight and continuous educational quality improvement in the Next Accreditation System (NAS). The Annual Program Evaluation and Improvement (APEI) process is an opportunity for comprehensive program self-assessment. It should include, at a minimum, metrics on resident performance, faculty development, graduate outcomes, and program quality. Development of an organized APEI process will be one tool essential for institutional oversight. This will be especially important as “internal reviews” (at least as they are known currently) are no longer required in the NAS. Institutions can use APEI documentation to design an institutional scorecard of best practices, disseminate innovations, identify areas for program improvement and faculty development, prioritize institutional initiatives, and prepare for CLER visits. This workshop will discuss strategies for developing an Annual Program Evaluation process with oversight by the GMEC. Duke University Hospital has had two years’ experience transitioning their internal review process to create “Education Competency Committees” to conduct peer assessments of APEIs. GMECs can optimize an APEI process to identify programs that might benefit from a special review, discern institution-wide needs, and highlight innovation and best practices.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators, Central GME Staff, Members of a GMEC, Residents

Who’s in My Neighborhood? Increasing Resident Understanding of Diversity and Disparity

ACGME Courage to Teach and Courage to Lead Award recipients have created a scholarly community. To further its purpose, awardees designed this presentation to bring attention to diversity and disparity in the patient population served by residents and offer education techniques to teachers and learners. Examples of these techniques are presented in this workshop through programs that bring residents into communities, familiarize them with the patients’ cultural preferences, introduce them to social determinants of health, and engage them directly with community members in non-clinical settings. The educational methods vary widely, from didactic sessions, to scavenger hunts, to geographer-led bus tours, and to panel discussions with community health advocates.

Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators

Saturday, March 1

SES129 3:45 pm – 5:15 pm
 Maggie Blott, MD, FRCOG

Introducing a Structured Education Program Where None Existed: Taking the Best from the United Kingdom Specialty Training Program and the United States Residency Programs

For many years medical education was based on the apprenticeship model; training was opportunistic and training opportunities dependent on individual physician's availability and enthusiasm. In many parts of the world this system is still firmly in place. In the United States and the United Kingdom, training moved to a structured education system with a defined curriculum, competency assessment, the introduction of formative and summative assessment, and defined milestones for progression to the next year of training. These education systems have matured to their current high level over a period of time. In the Emirate of Abu Dhabi there has been a great emphasis on the development of structured training and all government run facilities now have ACGME-I recognition, and many have program and specialty-specific recognition. Introduction of an OB-GYN residency program to Corniche Hospital occurred in 2011. The unit is well placed to offer training with over 8,500 high-risk and complicated births and a wide range of gynecological problems, but with no previous teaching culture or structure in place to support education and training. The best elements of the United Kingdom OB-GYN structured training program were combined with the best of the OB-GYN United States residency program to build a bespoke structured training program fit for purpose in the United Arab Emirates. The process of developing a curriculum and teaching the principles of competency assessment (including the introduction of competency assessment tools and the difficulties of absorbing significant cultural issues into the program) will be discussed, along with examples of success and failure. Results from resident evaluations, program evaluations, and in-service training examinations will also be presented.

Target Audience: All

SES130 3:45 pm – 5:15 pm
 Danny Barnhill, MD;
 Kellin Reynolds, MD

Faculty Assessment of Competency Using QR Reader

The LSU Faculty Assessment of Competency Using QR Reader is a unique electronic assessment tool that documents resident competency and encourages verbal communication between the faculty member and the OB-GYN resident immediately following all technical procedures. Utilizing the Microsoft tag system and Survey Monkey platform, a streamlined evaluation is assessed on a smart phone. The portability and accessibility of the QR reader used in conjunction with a streamlined electronic survey improved the opportunity for direct, formative feedback at the time of each procedure as well as an electronic record to be used for longitudinal comparison of resident progress. Satisfaction with this system was high among residents and faculty.

Target Audience: All

Sunday, March 2**SES131 8:30 am – 10:00 am**

*James Bagian, MD;
Kevin Weiss, MD, MPH, MHSA*

Facilitator:

Timothy Brigham, PhD, MDiv

SES132 10:30 am – 12:00 pm

*Timothy Brigham, PhD, MDiv;
Susan Swing, PhD*

*Senior Vice President for Milestone
Development and Education (TBD)*

Seeking Excellence in the Clinical Learning Environments

The Next Accreditation System has implemented the Clinical Learning Environment Review (CLER) to better characterize the current state of clinical learning environments among the ACGME community; to motivate institutions to improve the experiences for residents and fellows; and to stimulate innovation within each institution by creating new conversations with executive leadership and the GME community towards improving resident/fellow engagement in the six focus areas of CLER. This session will provide observations from the early beta testing of the CLER visits from across the country. This session will also explore the CLER Pathways to Excellence document (anticipated release early 2014) which is designed to provide guidance towards creating optimal clinical learning environments.

Target Audience: All

Milestones and GME Transformation: Where Are We Now and Where Should We Be Going?

Target Audience: All

Conference Location

About the Gaylord National Resort & Convention Center

The 2014 ACGME Annual Educational Conference will be held at the Gaylord National Resort and Convention Center located at 201 Waterfront Street, National Harbor, Maryland 20745. The Gaylord National offers first-class dining, an award winning spa and salon, and beautiful views both inside and out, including a 19-story glass atrium overlooking the Potomac River.

The Gaylord National is just a 15-minute drive from the Reagan National Airport and a 45-minute drive from both Dulles and the Baltimore Washington International Airports. The Gaylord National provides transportation services to the airport. Please call their transportation desk at 301-965-2081 or click on the link below for more transportation details or to view maps of the surrounding area.

[Gaylord National](#)

Reservation Method

To reserve your hotel room online once you have registered for the Conference, please click the following link:

[Online Reservations](#)

You may also call the hotel directly at 877-382-7299. The ACGME has secured a discounted room rate of \$209 per night, currently subject to a 16% daily tax rate. Each additional adult guest is \$20 per night. Children under 12 may stay in the parent's room for no additional charge. These special rates are subject to availability of rooms at the time of reservation. All reservations must be made by January 25, 2014. Please identify yourself as an ACGME Conference attendee when making your reservation to receive the discounted rate.

Resort Fee

A daily resort fee of \$15 will be posted to the guestroom account. The resort fee will include internet, fitness center access, an in-room beverage, and local and toll free phone calls up to 20 minutes.

Registration Fees

Registration deadline is 12:00 am EST, February 1, 2014

Educational Conference: February 28 – March 2, 2014	
Early Bird Fee – Until January 17, 2014	\$795 per person
Standard Fee – After January 17, 2014	\$950 per person
Pre-conferences: February 27, 2014	
<i>Introductory Course for New Program Directors</i>	
Early Bird Fee – Until January 17, 2014	\$295 per person
Standard Fee – After January 17, 2014	\$325 per person
<i>Coordinator Forum: Accreditation Reinvented</i>	
Early Bird Fee – Until January 17, 2014	\$295 per person
Standard Fee – After January 17, 2014	\$325 per person
<i>DIO 101: Building for Basics and Beyond</i>	
Early Bird Fee – Until January 17, 2014	\$295 per person
Standard Fee – After January 17, 2014	\$325 per person
Special Combined Pricing	
Educational Conference and Pre-conference “Early Bird”	\$950 per person
Educational Conference and Pre-conference “Standard”	\$1,150 per person
On-Site Registration Fee <i>Available for Educational Conference only</i>	\$1,020 per person

Refunds

A full refund will be given through December 15, 2013. For cancellations from December 16, 2013 until January 31, 2014, an administrative fee of \$125 will be charged. No refunds will be made after February 13, 2014.