

# SUBWAY SUMMIT ABSTRACTS 2019

## Workshops

W1

### *Beyond Lectures and Workshops: Peer Observation for Faculty Development of Teaching Skills*

Alice Tang MD1, Anne Dembitzer MD2, Neil Shapiro MD2, Sydney Katz MD1, Verity Schaye MD, MHPE2, Stephanie Tang MD1, Michael Janjigian MD2  
1Weill Cornell Medicine College faculty, 2New York University School of Medicine faculty

**Background & Rationale:** Clinician educators are the primary teachers and assessors of trainees, however most have not had any formal training in how to effectively teach. Traditionally, faculty participate in workshop-based faculty development programs outside of the authentic context of actual learners (Steinert et al., 2009). These programs can be challenging due to both time demands and cost. Furthermore, skills learned in these programs are often not transferred to the workplace. Miller's Pyramid suggests that when one 'knows' or 'knows how' (levels 1 and 2), this does not necessarily correlate to what one 'does' (level 4) in actual practice (Dent & Harden, 2013; Cruess, Cruess, & Steinert, 2015). Clinician educators are rarely observed teaching in their clinical work environment and often the only available feedback is from their learners. The utility of this feedback is limited by the power dynamic between teacher and learner (Ramani et al., 2016). For feedback to be accepted and effectively inform behavioral change, it needs to be given by a trusted and credible source, in a safe environment, and preferably based on direct observation (Sargeant et al., 2010; Ende, 1983). Peer observation of teaching helps to overcome many of the challenges of faculty development and leads to effective feedback that results in behavior change.

**Learning Objectives:** By the end of the session, participants will be able to:

- Recognize challenges in implementing effective faculty development of clinical teaching skills
- Identify elements of ideal faculty development programs which optimize faculty feedback acceptance and skills improvement
- Describe how peer observation overcomes several challenges and pitfalls of traditional faculty development programs
- Use tools provided to develop an effective faculty development program at their home institutions, incorporating essential elements for feedback acceptance and skills improvement

**Session Methods and Format:** In this interactive workshop, participants will have the opportunity to learn from each other and workshop facilitators, to ultimately design a faculty development program for their home institutions, which overcomes existing challenges of traditional faculty development programs.

The workshop will begin with a discussion of the importance of effective faculty development in the clinical training environment. We will draw upon the experiences of participants: asking them to reflect upon how they developed their own teaching skills, what programs or experiences were effective, and which were not. Next, the group will collaborate in developing a shared mental model of the ideal faculty development program. Facilitators will then present two unique faculty development programs which use peer observation of clinical teaching, implemented at two different institutions. They will share lessons learned, highlighting the benefits of peer observation of teaching: including bidirectional and scaffolded

learning from peers, translation of skills into practice through the authentic teaching context, minimal resource requirements, and fostering the growth mindset amongst faculty. Finally, participants will collaborative in developing a faculty development program to be implemented at their home institutions. A toolkit with assessment instruments, logistical blueprints, and references will be provided to all participants, to facilitate implementation at home institutions.

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W2

*Movin' on Up: Design Considerations for "Transition to Clerkship" Curricula for Medical Students*

Sandra K. Oza, MD, MA  
Assistant Professor of Medicine  
Albert Einstein College of Medicine

Hai Jung Helen Rhim, MD, MPH  
Director of Educational Innovations  
Assistant Professor of Pediatrics  
Albert Einstein College of Medicine

Allison Ludwig, MD  
Associate Dean for Student Affairs  
Associate Professor of Medicine  
Albert Einstein College of Medicine

Jacqueline Weingarten-Arams, MD  
Associate Professor of Pediatrics  
Albert Einstein College of Medicine

Todd Cassese, MD, FACP  
Assistant Dean for Clinical Sciences Education  
Associate Professor of Medicine  
Albert Einstein College of Medicine

**Background:**

The transition from the pre-clerkship to clerkship phase in medical school presents many challenges for students, including: understanding new roles, responsibilities, and expectations; adjusting to the culture in the clinical environment; learning workplace logistics; performing clinical skills; and learning/studying in a new way.<sup>1-3</sup> Once in the clerkship environment, additional hurdles emerge, including maintaining wellness and health.<sup>4</sup> In recognition of these challenges, medical schools are increasingly incorporating "transition to clerkship" (TTC) curricula to prepare students to enter clinical training. The literature on TTC curricula provides important insights into how these have been implemented at medical schools. A survey of US and Canadian medical school deans found that TTC experiences aim to: introduce students to the culture of the clinical work environment; introduce students to relationships in the workplace (including the roles and expectations of a student clerk); and prepare students to participate in authentic tasks in the clinical environment (i.e. procedural skills, writing notes, etc.). The majority of TTC courses also address self-care and stress management. Recommendations for implementing TTC curricula include focusing on tasks students are likely to encounter in the first clerkship, involving a breadth of health professionals to teach, and thinking beyond student satisfaction alone in evaluating TTC curricula.<sup>5</sup>

**Learning Objectives:**

By the end of the workshop, participants will be able to:

1. Discuss the rationale for and expected outcomes of TTC curricula
2. Identify stakeholders to involve in TTC curriculum development and/or enhancement

3. Devise strategies for learner assessment and program evaluation of TTC curricula  
Session Methods & Format:

The presenters comprise a group of faculty educators at the Albert Einstein College of Medicine who recently designed and implemented a weeklong TTC curriculum, informed by the literature, national guidelines, and a needs assessment of current students. With the Kern model as an organizing framework,<sup>6</sup> this interactive workshop will provide attendees with a review of the literature highlighting the need for TTC curricula their implementation elsewhere, an overview of the new Einstein TTC curriculum, and an opportunity to reflect on opportunities in their own institution for TTC curriculum development and/or improvement.

Time Content/Activity Method

0-10 Introductions Large group discussion

10-20 Review of the literature on transition to clerkship curricula  
Large group didactic

20-30 Activity #1: TTC Needs Assessment: Who Think-pair-share are the best stakeholders to involve to develop a new (or improve an existing) TCC? What questions would you ask them?

30-40 Debrief Activity #1 Large group discussion

40-50 Design of “Transition to Clerkship” educational experiences at Albert Einstein College of Medicine  
Large group didactic

50-60 Activity #2: TTC Design: Considering some best practices and your school’s mission/vision/values, what content would you want to ensure you cover? What activities will help learners achieve your learning goals?

Think-pair-share

60-70 Debrief Activity #2 Large group discussion

70-75 Learner assessment and program evaluation of transition to clerkship activities  
Large group didactic

75-85 Activity #3: TTC Evaluation: What outcomes should you measure to know if your TTC curriculum was successful and what can be improved?

Think-pair-share

85-90 Wrap-up Large group discussion

**References:**

1. O’Brien B, Cooke M and Irby D. Perceptions and attributions of third-year student struggles in clerkships: Do students and clerkship directors agree? *Acad Med* 2007; 82(10): 970-978.
2. Prince KJ, Boshuizen HP, van der Vleuten CP, Scherpbier AJ. Students’ opinions about their preparation for clinical practice. *Med Educ* 2005; 39(7):704-712.
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### W3

#### ***Lessons Learned: Implementing EPA-Based Workplace-Based Assessments to Enhance Student Formative Feedback***

**Workshop presenters:** Columbia University: Beth Barron, MD (faculty); Marina Catalozzi, MD, MSCE (faculty); Samuel Quiah, MSW (educational specialist); Selin Sagalowsky, MD, MPH (faculty)

#### **Background/Rationale:**

In 2014, the Association of American Medical Colleges (AAMC) launched a pilot project with ten institutions to address the feasibility of implementing their 13 Core Entrustable Professional Activities (EPA). The EPA framework provides medical schools with a construct that integrates competencies and essential activities of daily patient care. The current EPA pilot is working to translate this construct into formats that are easily understood by faculty and students alike and to develop assessment methods. One assessment method that helps bridge the gap between EPA construct and practice is the workplace based assessment (WBA), using entrustability scales.

Columbia University Vagelos College of Physicians and Surgeons (P&S) has implemented a workplace based assessment tool in their work towards assessing students' competency for graduation. The implementation of this tool has enhanced faculty engagement and learner feedback in a multitude of ways. In this workshop, participants will have the opportunity to assess EPA 6 (oral presentation) using traditional hierarchical and entrustability scales. They will also brainstorm, with experienced faculty, strategies to implement these assessments at their respective institutions.

#### **Learning Objectives--Participants will be able to:**

1. Recognize trust (permission to act) as a new currency for assessment.
2. Assess EPAs using entrustability scales.
3. Evaluate their institution's readiness to integrate the EPA framework into their assessment system.

#### **Session Methods/Format:**

1. (10 minutes) Introductions: Determination of participants experience with EPAs (audience response polling)
2. (10 minutes) Brief presentation about EPAs and entrustment
3. (20 minutes) Assessment of EPA-6 (video of oral presentation and audience response polling)
5. (20 minutes) Participants will work in small groups and discuss implementation challenges
6. (20 minutes) Facilitated large group discussion

#### **References:**

1. Obeso V, Brown D, Aiyer M, Barron B, Bull J, Carter T, Emery M, Gillespie C, Hormann M, Hyderi A, Lupi C, Schwartz ML, Uthman M, Vasilevskis EE, Yingling S, Phillipi C, eds.; for Core EPAs for Entering Residency Pilot Program. Toolkits for the 13 Core Entrustable Professional Activities for Entering Residency. Washington, DC: Association of American Medical Colleges; 2017. Weblink: <https://www.aamc.org/initiatives/coreepas/publicationsandpresentations/>
2. Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency: curriculum developers' guide. AAMC iCollaborative, Washington, DC. 2014. <https://www.mededportal.org/icollaborative/resource/887>. Accessed 1 Jan 2016

## W4

### ***Getting the Most out of Coaching: How to Use Data and Reflection to Promote Medical Student Growth***

#### **Workshop Presenters:**

Delphine Taylor, MD  
Course Director, Foundations of Clinical Medicine-Seminars  
Columbia University Vagelos College of Physicians and Surgeons

Hetty Cunningham, MD  
Director of Portfolio  
Columbia University Vagelos College of Physicians and Surgeons

Urmi Desai, MD  
Assistant Course Director, Foundations of Clinical Medicine-Seminars  
Columbia University Vagelos College of Physicians and Surgeons

Linda Tewksbury, MD, MhPE  
Associate Dean for Student Affairs NYU School of Medicine

Lynn Buckvar-Keltz  
Director, Violet Society Advising Program  
NYU School of Medicine

#### **Background / Rationale for Workshop:**

According to the AMA's 2017 faculty handbook<sup>1</sup> for coaching in medical education, an effective program would include:

- Providing students with a safe space for informed reflection on academic, personal and professional performance.
- Ensuring student wellbeing.
- Assisting students in setting and reaching goals that will lead to high levels of academic/professional achievement and personal satisfaction.
- Encouraging students to establish habits of continuous reflection, goal setting and lifelong learning.

Although all schools have a system in place for mentoring and advising, NYU and Columbia recently added formal longitudinal coaching programs as part of the AAMC Core EPA (Entrustable Professional Activities) pilot program.<sup>2</sup> The goals of the coaching programs are to assist students in understanding their clinical assessments, organized by EPAs in online student dashboards, while encouraging continued reflection and growth. Both schools also include reflective writing portfolios to support students' self-awareness and holistic professional identity development and use this as part of coaching.<sup>3,4,5,6</sup> Understanding the knowledge, skills and attitudes necessary for effective coaching, from both the faculty and students' perspectives, merits further exploration as other schools consider adopting similar coaching programs.

During this workshop, the two schools will present their respective coaching programs, and engage participants in using mock dashboards to illustrate the essential features of and challenges to creating an effective coaching environment. Participants will also be guided through reading and crafting written responses to student reflections in order to enhance student reflection as preparation for coaching meetings.

**Learning Objectives:**

Participants of this workshop will be able to:

1. Describe how coaching may differ from advising and mentoring.
2. Review strategies to help prepare coaches and students for a discussion about the student performance, aligned with the Core EPAs, provided through a dashboard.
3. Practice crafting written responses to student reflections to encourage further self-awareness and growth.
4. Discuss opportunities and challenges of instituting a coaching program at one's medical school and next steps on how to initiate or improve an existing program.

**Session Methods and Format:**

The session will begin with a discussion of the definition of coaching and how it may differ from advising and mentoring. This will be followed by a brief description of the new coaching programs at Columbia and NYU, illustrating the differences and similarities. Participants will then form smaller groups for two different exercises: The first a mock student dashboard review, paired with short didactics from both institutions on how best to prepare for and run a data-informed coaching session, followed by a debrief and discussion on challenges and opportunities. The second exercise will focus on crafting a short written response to a mock student reflection, with a short didactic on tips for encouraging student growth, followed by a debrief. Lastly, the session participants will sit with members from their own schools to list the opportunities and challenges of instituting a coaching program at their institutions, followed by a larger group sharing of ideas and concerns about next steps on how to initiate or improve an existing program.

**References:**

1. Deiorio, N, et al, Coaching in Medical Education: A Faculty Handbook, American Medical Association, 2017
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6. Cruess, Richard L., et al. "A schematic representation of the professional identity formation and socialization of medical students and residents: a guide for medical educators." *Academic Medicine* 90.6 (2015): 718-725



## W5

### *All is Fair in Love and War – But What About Learner Assessment? A Practical Workshop for Assessing the Validity of Assessment Tools*

Cindy Osman, MD, MS (faculty, NYU); MacKenzi Nicole Hillard, MD, MHPE (faculty, Cornell); TJ Jirasevijinda, MD (faculty, Cornell); Chrisia Noulas, MD (faculty, NYMC); Roya Samuels (faculty, Hofstra); Linda Tewksbury, MD (faculty, NYU)

#### **Background/Rationale**

Assessment is a cornerstone of clinical education. It can drive student behavior and informs formative and summative feedback. It determines whether students and residents advance and where they match for residency and fellowship. Nonetheless, accurate assessment remains elusive. Moreover, many clerkship and program directors struggle to justify decisions based on their assessment data. A paper from the University of Michigan<sup>1</sup> on the lack of reliability in clerkship competency assessments sheds light on this problem. Reliability, however, is just one facet of validity evidence. The Journal of Graduate Medical Education published “A Primer on Validity of Assessment Instruments”<sup>2</sup> which also contained instructions for authors in an effort to advance this science. This workshop aims to arm participants with an understanding of validity evidence and give them the tools necessary to assess the validity evidence of the assessment tools they are using or plan to formulate. A number of our workshop leaders have led highly rated workshops on validity through other venues.

#### **Learning Objectives**

By the end of the workshop participants will be able to...

1. Describe the five types of validity evidence
2. Recognize and critique validity evidence in the literature
3. Develop a plan for evaluating assessment tools at their own institution

#### **Session Methods and Format**

The workshop will consist of an initial introduction to validity evidence with a handout providing key guidance. We will define content validity, response process, internal structure, comparison to other variables and consequences including illustrative examples. In addition, we will discuss possible threats to validity, as well as acceptability and feasibility. Next, the participants will then have the opportunity to critique published validity evidence of commonly used assessment tools, including clerkship clinical competency assessments<sup>1</sup>, the P-HAPEE tool<sup>3</sup>, the Mini-CEX<sup>4</sup>, OSCEs<sup>5</sup> and others within small groups. A report out to the larger group will follow. Finally, participants will break into pairs to discuss the assessment tools used at their institutions and develop a plan based on those tools' evidence for validity.

#### **Possible plans might include:**

- Adding the use of a tool with more evidence for validity
- Increasing the validity of a tool by modifying the assessment (such as adding a station to an OSCE)
- Beginning to consider a possible scholarly project to examine the evidence for validity for a particular tool where there is a gap in the literature

#### **Timeline (90 minutes)**

10 minutes – Introductions and Ice Breakers

20 minutes – Primer on validity evidence

25 minutes – Small Group – Evaluate published assessment tools

10 minutes – Report to large group

15 minutes – Pair-Share – described above

10 minutes – Final report out/summary/lessons learned

### References

1. Zaidi NLB, Kreiter CD, Castaneda PR, et al. Generalizability of competency assessment scores across and within clerkships: How students, assessors, and clerkships matter. *Acad Med*. 2018;93(8):1212-1217. doi:10.1097/ACM.0000000000002262
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