

Academic Internal Medicine Week, March 18-21, 2018, at the Henry B Gonzalez
Convention Center, San Antonio, Texas

Academic Internal Medicine Week Workshops

Strategies for Teaching Social Determinants of Health in Residency

Social determinants of health (SDH) have long been recognized as important contributors to individual and population health. SDH often serve as major barriers to wellness but have historically not been explicitly considered in individual patient-physician interactions. Recently, there has been renewed focus on incorporating SDH concepts and interventions directly into residency education in an effort to train physicians to identify, actively consider and help create a plan to address SDH that are negatively impacting patient health outcomes. Two residency programs, Montefiore Medical Center in New York and University of Pittsburgh Medical Center, have developed residency curricula in SDH that incorporates triggers for identifying SDH among patients, faculty precepting techniques in SDH, case-based and evidence-based questions on SDH, resource sheets for identifying clinic services and community organizations that can help address SDH, home visits, and community immersion experiences. During this workshop, presenters from both institutions will describe their experience implementing their curriculum, utilizing audience participation to demonstrate key aspects of the curriculum, and then facilitate an interactive discussion among workshop participants regarding experiences, resources, barriers and next steps required to implement an SDH curriculum at their own institutions. Audience members will be provided with adaptable educational tools they can use as part of a resident SDH curriculum in their own institutions.

Educational Objectives:

- Describe the structure and implementation of at least three unique techniques successfully used to incorporate SDH into residency curriculum.
- Identify resources, barriers and next steps in their own institutions required to implement one component of a SDH curriculum.
- Implement the SDH educational tools provided, including case-based questions, triggers for SDH, and resource templates, in their own residency programs.

Iman Hassan, MD
Shadyside Hospital

Lauren Shapiro, MD
Albert Einstein College of Medicine

Maggie Benson, MD
Etsemaye Paulos Agonafer, MD
University of Pittsburgh School of Medicine

Thinking Out Loud: Using Principles from “Example Based Learning” in a Clinical Reasoning Case Conference Format

While components of clinical reasoning are infused into standard residency education, explicit instruction regarding these principles is often lacking. Trainees may be expected to intuit the reasoning processes used by their clinical teachers. The quality of this learning experience can be highly variable when a common language for discussion of clinical reasoning principles does not exist and when clinical teachers lack the skills to make their reasoning processes explicit. Traditional “unknown case conferences” are sometimes used to teach clinical reasoning. However, these tend to focus on the ability of an expert discussant to reach a difficult or unusual diagnosis, often without an explicit focus on clinical reasoning principles that can be applied more broadly by learners. In our case-based interactive conference series, a focus on the clinical reasoning process and on potential for cognitive bias has contributed to the development of a shared clinical reasoning vocabulary within our program and to the dissemination of clinical reasoning skills.

During this workshop, we will introduce our “clinical reasoning case conference,” which includes sequential delivery of clinical information from a real patient case to an expert discussant, who in turn describes their approach to the unknown case in a “think-out-loud” format. The conference is facilitated by a “clinical reasoning expert” faculty member, who, in keeping with principles from example based learning, provides explicit commentary regarding the clinical reasoning processes being used. This interactive workshop will provide attendees with a framework for developing a clinical reasoning case conference at their own institution.

Educational Objectives:

- Identify the challenges to teaching clinical reasoning in a case-based conference format.
- Describe and demonstrate how to employ principles from example-based learning in a conference format to teach clinical reasoning.
- Apply a provided framework to creation of a plan for a “Clinical Reasoning Case Conference” at one’s own institution.

Deborah J. DiNardo, MD
Sarah Tilstra, MD
Thomas D. Painter, MD
University of Pittsburgh School of Medicine

“I’ve Got Your Back”: Supporting Residents When Patients and Families Ask for a “White” Doctor

Every day, a small proportion of hospitalized patients request a physician who looks like them—a white physician, a non-Muslim, a man, or a woman. Many attendings do not know how to support residents through such situations. Even less often, residents of color may experience overt racism by being called derogatory racial slurs, not infrequently in the presence of the entire medical team. However, the team, led by the attending, often do not discuss the incident—either to check in with the emotional wellbeing of the resident or to discuss how to handle such situations in the future. Rather, the team disperses from the bedside to do the day’s work and the resident who was subjected to racism is left feeling isolated, not knowing if the attending and team realized how hurtful it was. Perhaps the most common form of discrimination for physicians of color (and for female physicians) is being mistaken for a nonphysician despite wearing a white coat and stethoscope; residents of diverse backgrounds report being mistaken for the nurse, food service workers, or housekeepers.

Participants will develop skills to support residents experiencing race, religious, or gender discrimination in Internal medicine or pediatric clinical experiences. Through small group case discussion, participants will learn strategies to create a safe environment in clinical educational settings to openly discuss discrimination with the resident team. Participants will leave with a detailed toolkit of strategies to accomplish these goals including articles, case vignettes, a slide set to be used for faculty development around support residents of diverse backgrounds.

Educational Objectives:

- Understand microaggressions.
- Apply strategies to respond to microaggressions you witness.
- Support residents who experience microaggressions.

Alda Maria R. Gonzaga, MD
University of Pittsburgh School of Medicine

Mumtaz Mustapha, MD
University of Minnesota Medical School

“I’ve Got Your Back”: Supporting Residents in the Face of Microaggressions or Discrimination

Residents of diverse backgrounds frequently face “microaggressions” which are dismissals and/or insults from patients, typically due to their appearance, gender, or other identifying feature. Microaggressions can

take many forms: from a request from a patient for a physician who looks like them—a white physician, a non-Muslim, a man or woman, by overt use of derogatory racial slurs towards the resident, or perhaps the most common form of discrimination for physicians of color (and for female physicians) is being assumed by the patient to be the nurse, food service worker, or housekeeper despite wearing a white coat and stethoscope. These situations may occur in the presence of the entire medical team, and many attendings do not know how to address them, which leads to a missed opportunity to discuss how to handle similar situations in the future, or to check in on the emotional wellbeing of the resident. Typically, the team disperses from the bedside to do the day's work, and the resident who was subjected to the microaggression is left feeling isolated, not knowing if the attending and team realized how hurtful it was.

Participants will practice the communication skills to support residents experiencing race, religious, or gender discrimination. Through role play and small group discussion, participants will learn and practice strategies to create a safe environment in clinical educational settings to openly discuss discrimination with the resident team. Participants will leave with a detailed toolkit of strategies to accomplish these goals including articles, case vignettes, a slide set to be used for faculty development around support residents of diverse backgrounds.

Educational Objectives:

- Recognize microaggressions, including microinsults and microinvalidations against residents of diverse backgrounds.
- Develop three communication skills to openly discuss discrimination with the resident team.
- Develop three strategies to support a resident from a diverse background who has been subjected to a microaggression or overt discrimination.

Alda Maria R. Gonzaga, MD
Eloho Ufomata, MD
University of Pittsburgh School of Medicine

Shanta M. Zimmer, MD
University of Colorado School of Medicine

A Practical Guide to Creating and Enhancing your Learning Community of Medical Educators

A learning community of medical educators is an asset for both individual clinician-educators and medical education institutions. For individuals, a learning community provides a sense of connectedness, resources for refining teaching skills, and inspiration for continued innovation and scholarship. At the institutional level, a learning community provides faculty development, enhances job satisfaction, and promotes retention of teaching faculty.

This workshop will provide attendees with the knowledge and skills to develop or enhance a learning community of medical educators at their home institutions. We will introduce the workshop with a description of a learning community's positive impact. The workshop subsequently will contain three sections: the process of building a learning community, community activities, and resources for joining online or national learning communities. The first section will include a perspective regarding the development of the University of Pittsburgh learning community at the divisional and institutional level as well as attendees' experiences establishing learning communities. Throughout this discussion, we will highlight common challenges and key components of building a learning community including establishing a mission, identifying like-minded individuals, and obtaining stakeholder support.

In the third section, again with the input of audience members, we will generate a list of community activities or faculty development ideas, such as lectures and conferences, applicable for both large and small communities. Finally, we will close the workshop with a discussion of national and online resources, related to the broader medical education community, for those who have limited local support and are seeking additional opportunities.

Educational Objectives:

- Describe the positive impact of a community of medical educators at both the level of the individual clinician-educator as well as the institution.
- Deconstruct the process of building a community of medical educators through sharing our own experiences and inviting other attendees to share their experiences.
- Generate a list of community activities or faculty development ideas and also to identify online or national resources for those with limited local support looking to join an established learning community.

Rachel Vanderberg, MD
 Melissa A. McNeil, MD
 Eloho Ufomata, MD
 Tanya Nikiforova, MD
 University of Pittsburgh School of Medicine

Navigating Crucial Conversations: How to Survive “Rough Seas” as an APD

Associate program directors (APDs) are often called upon to manage difficult conversations and conflicts with little training. These skills are frequently called upon during difficult and crisis moments, which make on-the-job training ill-timed and challenging. As a result, these crucial conversations often result in poorer outcomes than anticipated for multiple parties. In this interactive workshop, we will train attendees to recognize when conversations are crucial or high stakes and provide them with strategies on how to initiate the discussion around these crucial topics. Examples of strategies include focusing on what you want, looking for when the conversation becomes crucial, and how to identify and guarantee safety during the conversation. These strategies will be introduced via knowledge bursts followed by small group work in which attendees will be apply these strategies using simulated scenarios reflecting the common conflicts that arise in graduate medical education. Mid-career leaders from this workshop team will provide reflective comments and perspectives gained through personal leadership experiences, as well as from their experiences mentoring emerging leaders. At the conclusion of this workshop, attendees will acquire strategies to address crucial conversations and will develop their confidence to become a successful leader in graduate medical education through the ability to thoughtfully and effectively manage conflict in their career.

Educational Objectives:

- Identify sources of conflict in graduate medical education.
- Successfully plan a strategy to start a crucial conversation.

Jonathan L. Tolentino, MD, FAAP, FACP
 Stony Brook University School of Medicine

Benjamin Kinnear, MD
 Jennifer K. O'Toole, MD
 University of Cincinnati College of Medicine

Alda Maria R. Gonzaga, MD
 University of Pittsburgh School of Medicine

“The Pipeline Is Still Leaky”: Mentoring Schemes for Success for Women in Academic Medicine

Approximately half of all medical school matriculants have been women since 2001. However, women account for only 21% of full professors and 24% of division chiefs. This phenomenon has been referred to as the “leaky pipeline” of medicine. Mentorship has been proposed as a tool to help foster female leadership. Mentorship is associated with improved work satisfaction, faculty retention, scholarship, and promotion, yet the optimal mentoring model has yet to be elucidated. In the traditional model, a mentee establishes a longitudinal relationship with a more senior mentor that would help to guide her. However, there are many barriers to this mentorship model, across all levels of training. To address these challenges to traditional models of mentorship, many institutions have implemented novel mentorship programs.

In this workshop, we will describe the results of a literature review detailing the benefits of mentoring, gender issues in mentorship, and components of an effective mentoring relationship. We will then discuss mentoring models that have been successfully implemented and the results of such programs as well as describe methods that have worked at our home institutions. Participants will have the opportunity to discuss facilitators and barriers they have encountered in developing sustainable mentorship for themselves and their female faculty, residents, and students. We will then brainstorm ways to implement successful mentorship models. While we will spotlight strategies that focus on mentorship of women, these principles can be applied to both genders. We encourage mentors and mentees to attend, especially men who mentor women.

Educational Objectives:

- Describe importance of mentorship for women in academic medicine and gender issues in mentorship.
- Understand the different mentoring models and benefits and disadvantages of each.
- Strategize generalizable methods to implement successful mentoring models for female faculty, residents, and students.

Eliana Bonifacino, MD
Jennifer Corbelli, MD
Sarah Tilstra, MD
University of Pittsburgh School of Medicine

Jennifer Rusiecki, MD
University of Chicago Division of the Biological Sciences
Pritzker School of Medicine

Fostering Medical Decision Making in the Sweet Spot of Undergraduate Medical Education

In a recent report, "Improving Diagnosis in Healthcare," the IOM identified diagnostic error as an important contributor to adverse patient outcomes and highlighted the urgent need for better training in decision-making at all levels. Although the demonstration of sound clinical reasoning is identified as a core competency in undergraduate medical education by AAMC, the optimal strategies for teaching clinical reasoning across the spectrum of learners within internal medicine are unknown. Advanced undergraduate learners who have completed their core clinical rotations (with some first-hand clinical experience) are perhaps ideally suited for educational interventions to refine clinical reasoning skills and increase awareness regarding diagnostic error in preparation for post-graduate training. In this workshop, we will introduce our framework for teaching and refining clinical reasoning skills in advanced undergraduate learners. Educational methods discussed will be mapped to the encapsulation-illness script paradigm for development of medical expertise, with focus on methods ideally suited for these learners. Specifically, we will present a framework that combines asynchronous online learning through use of interactive online modules with in-person small group case-based practice of a variety of clinical reasoning skills. Finally, we will discuss how encouraging reflection on a diagnostic error with learners at this level can set the stage for continued reflective practice in post-graduate training and beyond.

This interactive workshop will provide attendees with a framework for teaching clinical reasoning to advanced undergraduate learners, introduce specific teaching techniques with opportunities for practice.

Educational Objectives:

- Summarize a leading theory regarding how expertise in clinical reasoning develops with focus on the advanced undergraduate learner.
- Identify educational methods ideally suited to teaching and refining clinical reasoning processes to advanced undergraduate learners, with focus on delivery of skills that will optimize preparation for post-graduate training.

- Provide case-based opportunities for skills practice in teaching clinical reasoning to advanced undergraduate learners.

Deborah J. DiNardo, MD
Melissa A. McNeil, MD
Sarah Tilstra, MD
Eliana Bonifacino, MD
University of Pittsburgh School of Medicine

The APDIM Program Administrators Meeting

ERAS Like a Champion: How to Use ERAS Attributes and Filters to Manage Your Recruitment Season and Sanity

Lauren Petty

Jennifer Corbelli, MD

Haylee Shacklock

University of Pittsburgh School of Medicine

2018 APDIM Chief Residents Meeting

From the Ground Up: Fostering a Culture of Clinical Reasoning by Optimizing Your Morning Report

Anna Donovan, MD

Amy Lu, MD

Deborah J. DiNardo, MD

Eliana Bonifacino, MD

University of Pittsburgh School of Medicine

The Seven Habits of Highly Effective Chiefs

Amy Kennedy, MD

Jennifer Corbelli, MD

Clark Veet, MD

Etsemaye Agonafer MD MPH

University of Pittsburgh School of Medicine

Working against the Clock: Effective and Educational Outpatient Precepting

Mat Kladney, MD

Lauren Shapiro, MD

Mayce Mansour, MD

Icahn School of Medicine at Mount Sinai

Iman Hassan, MD

University of Pittsburgh School of Medicine

Making It Stick: Applying the Science of Learning to Everyday Teaching in the Clinic and on the Wards

Andrew Klein, MD

Melissa A. McNeil, MD

Etsemaye Paulos Agonafer, MD

University of Pittsburgh School of Medicine

Chief Negotiator: Skills for the Medicine Department, Not Just the State Department

Amy Lu, MD

Shanta M. Zimmer, MD

Eliana Bonifacino, MD

Clark Veet, MD

Tanya Nikiforova, MD

Amy Kennedy, MD

University of Pittsburgh School of Medicine