A1. The Power of Utilizing Temperaments to Enhance Your Leadership Capabilities (Thorndyke)

Leadership is inspiring others to work together to achieve a common vision. Many of the essential leadership skills involve communication and team-building. Knowing your temperament provides insight to increase personal effectiveness as an individual, as a team member, and as a leader. Understanding yourself and others is a critical skill for leaders to be effective at **Leading**. This workshop is intended to increase participants’ understanding of how temperament affects one’s behaviors and values, the way individuals express themselves, and the impact of temperament on work and team interactions. The workshop has been demonstrated to increase participants’ skills in leadership, strategic communication, team-building and teamwork. Of note, this workshop has been conducted on numerous occasions by the presenter in local, regional and national settings for various audiences (junior, mid-career, and senior level faculty). The workshop addresses the major leadership competencies of self-awareness, team-building, diversity and communication. It is consistently highly rated and very well received, with comments applauding the usefulness of the information and the ease and immediacy of application of the content. Following completion of an individual self-assessment tool (the PACE Palette), a lively and interactive format is utilized to enable participants to discover differences in the various temperament styles, and the ways that temperament influences individual behavior, work habits, and group dynamics within an office, team, or work group. Through the exercises, participants affirm the power of diversity within teams and understand the relationships between various temperament styles through small group exploration of personal temperament styles in terms of values and joys, irritations and stressors, and strengths and weaknesses. Through small and large group interaction, participants apply their new knowledge of temperaments to begin to identify the temperaments of others, strategically build more productive teams, and craft more effective communications. Participants will be able to quickly assimilate and utilize this strategic approach to enhance their capabilities and effectiveness within their organizations.

**Session Objectives**

At the conclusion of this session, participants will be able to: Discover one’s personal style; learn about other temperament styles; Understand how temperament affects work in groups and reactions to others; Demonstrate the value of diversity in teams and organizations; and Utilize this strategic approach to strengthen leadership effectiveness.


**Rationale:** Even as we move into more competency-based models for evaluating medical trainees, providing grades to third year medical students remains an essential task for clerkships. These grades are used by residency programs to evaluate potential candidates quickly and by schools to rank students and determine honors and awards. Medical schools differ greatly in the evaluation tools they use to evaluate their students and even within schools clerkships often use different techniques to evaluate students (Briscoe, et al., 2006; Roman & Trevino, 2006). While many evaluation tools have been recognized as having validity (Leach, 2008), the accuracy and utility of employing multiple measures when calculating a student’s grade is unclear.

**Objective:** To improve understanding of various evaluation tools used in medical education and to stimulate discussion about the ways in which these tools can be most effectively used. Methods and Session Format: During this discussion group, a variety of perspectives on evaluating medical students will be presented. Agarwal will present background data on the evaluation of medical students and the strengths and weaknesses of various approaches. Marcangelo will review the individual tools and present a model of evaluation that relies on a minimal number of inputs to reach a final grade. Schilling will discuss the process by which he developed his grading rubric and present his current model of evaluation, one that relies on many inputs to reach a final grade. The final 30 minutes will be used to discuss with the group other variations and the strengths and weaknesses associated with each. Experience: Marcangelo has been the director of medical student education at University of Chicago’s Pritzker School of Medicine for 8 years. Schilling has been the psychiatry clerkship director at Loyola University’s Stritch School of Medicine for 11 years. Agarwal currently serves as the Director of Undergraduate Medical Education in Psychiatry at Northwestern University’s Feinberg School of Medicine and has been in this role for 3 years. Brisco GW, Carlson DL, Fore Arcand L, et al. Clinical grading in psychiatric clerkships. Acad Psychiatry 2006 Mar-Apr;30(2):104-109. Leach DC. Changing
A3. Reflection Rounds: Teaching Meaning, Purpose, and Connectedness in Medical Practice (Camp, Trello-Rishel, Thomas)
Rationale: Spirituality in medicine is broadly defined as meaning, purpose, and connectedness to the significant. As such, spirituality is a key ingredient in person-centered care as well as professional development. However, concepts related to spirituality may be difficult for trainees to recognize and articulate in a professional setting. “Reflection Rounds” allow students to engage with 8 key concepts related to spirituality in medicine, as they reflect on their own clinical encounters in a small group of peers, a physician facilitator, and a chaplain facilitator. These rounds were developed, piloted, and funded by the George Washington Institute of Spirituality and Health and the John Templeton Foundation. 1 Objectives: 1. To explain spirituality in medicine (broadly defined as meaning, purpose, and connectedness) and how this concept impacts clinical care and professional development. 2. To recognize and explore 8 key topics related to spirituality in medicine as they occur in clinical practice. 3. Participants will be equipped with knowledge and resources to integrate the 8 spiritual topics into their own teaching, or to implement Reflection Rounds at their own institutions. Methods and Session Format: This 90 minute workshop will utilize a variety of teaching modalities. 15 minutes: Introduction, definitions of terms, and explanation of the 8 topics related to spirituality in medicine. 30 minutes: Review of a video of students participating in Reflection Rounds (10 minutes) and small group discussion (20 minutes). 30 minutes: Participation in a brief version of Reflection Rounds (20 minutes) and discussion as a large group (10 minutes). The final 15 minutes will be reserved for questions and answer. Reference: Student assessment of psychiatry clinical experience: all the presenters of this workshop have extensive experience in creating and publishing CSI simulation teaching modules, and are educational leaders at their institutions.

A4. ADMSEP’s Clinical Simulation Initiative – 5 Years Later (Hawa, Lehmann, Smith, Foster, Marcangelo, Klapheke)
Rationale: Since 2010, the ADMSEP Clinical Simulation Initiative (CSI) Task Force has created high quality interactive web modules to provide comprehensive coverage of the psychiatric disorders identified by ADMSEP’s 2007 Clinical Learning Objectives Guide for Psychiatry Education. These self learning modules have been produced through the collaboration of multiple faculty members from different institutions in North America. We will have a look at where this initiative has progressed in the last 5 years since its inception. Methods: The workshop delivery will be divided as follows: 1. Exploration of participants’ prior experience in creating e-modules and their current learning needs (15 minutes). 2. Power point presentation—history and future of CSI (25 minutes). 3. Presentation of 2 CSI modules—one published and one in progress using Articulate software (25 minutes). 4. Group discussion of potential and challenges of creating e-modules at their own institutions (25 minutes). Experience: All the presenters of this workshop have extensive experience in creating and publishing CSI modules and are educational leaders at their institutions. Reference: Student assessment of psychiatry clinical simulation teaching modules, Foster A, Johnson T, Liu H et al, Medical Teacher, 2015; 37 (3): 300

A5. Burnout, Resilience and Wellness: Walking the Walk (Malloy, Agarwal, Fox, Stagno, Stuber)
RATIONALE Burnout rates in medical students exceed 50% in some schools and is associated with depression, substance use, professionalism issues, and suicide. Identifying burnout, and promoting wellness and resilience in medical school are encouraged. Learning communities, advising programs and curricular changes target these goals. 2, 3 Physician wellness, resilience and prevention of burnout must involve cultural change on the continuum of professional development. ADMSEP members involved in innovations from Northwestern, UNC, Case Western Reserve, UIC and UCLA developed a work group to study best practices to promote resilience and wellness through the continuum of medical education, residency training and medical practice. OBJECTIVES 1. Discuss address of wellness in UGME, GME, Faculty Development and healthcare environments 2. Identify curricular opportunities to address wellness throughout the continuum of medical training and career 3. Practice 3 skills related to prevention of burnout and
B1. Before You Send Out that Survey! The Nuts and Bolts of Implementing a Medical Student Survey Study (Rakofsky, Lewis, Beck)

Workshop Objectives: 1) To develop a medical student survey study purpose, sample frame, and survey method 2) To develop reliable and valid survey questions 3) To develop ideas to reduce non-response rates

Abstract: Medical student research often surveys students as its core methodology. From the early stages of planning to data analysis, developing survey studies can be complicated. To optimize the success of a survey research study, researchers must understand core concepts in survey research methodology and implement them at the inception of a study. This workshop will focus on the early phases of survey research design leading up to data analysis. The workshop format will include brief descriptions of concepts by the speakers followed by small group work and then a large group discussion. This sequence will occur three separate times, once for each of the three objectives. The first 25 minutes will be focused on helping audience members develop ideas for a survey research study of their own, determine the sample frame of respondents and the survey format that would be most suitable. The audience will be introduced to concepts such as sample frame, sampling error, and various types of survey methods (mail, in-person, telephone, internet). The second 25 minutes will be focused on helping audience members develop at least 3 valid and reliable survey questions to be used in their study. The focus will be on reducing ambiguity in word-choice and sentence structure along with exploring various answer response options to enhance survey validity. The last 25 minutes will focus on brainstorming ideas to reduce the non-response rate among medical students eligible for survey participation, taking into account the impact of non-response on the generalizability of results.

B2. Mid-Career Faculty Development: Mentoring, Balancing Responsibilities and Leadership Skills (Hilty, Malloy, Ton, Levine, Vaidya)

RATIONALE. Clerkship directors, faculty educators and department chairs need an approach for early, mid and advanced career faculty development. Healthcare changes, reduced resources and increasing clinical demands jeopardize academic time for leadership development mid career skills are overlooked. At least three essential skills are needed, including how to mentor (acquire, manage, and maintain skills for success and satisfaction), balance productivity with service (time, responsibilities), and develop as a leader (funding, conflict resolution, change management in departments, schools, and other systems). OBJECTIVES are to: 1) Describe the most important skills required to become an effective leader in academic medicine; 2) Describe essential mentoring skills to work effectively with mentees and the role of this is in career success and satisfaction; 3) Assess roles, responsibilities and priorities in order to foster productivity and to evaluate requests for service to departments and other systems; and 4) Identify potential pitfalls and obstacles to successful leadership.

METHODS/TIMELINE. After an opening to introduce the topic and poll attendees on interests (10 min), a presenter will facilitate a large group discussion with a flip chart about essential mentoring skills (Obj #2; 10-30 min). Then, small groups will pick a theme to discuss (Obj #3 or #4; 30-50 min) and panelists will listen in or facilitate; attendees pick roles as scribe, reporter to large group, or other). The small groups report back to the large group (50-70 min) to discuss 1-2 key findings/group and prepare a take home list of things to do. Overall, this workshop discusses individual, group and project initiatives for faculty development. REFERENCES 1. Gruppen LD, Frohna AZ, Anderson RM, Lowe KD. Faculty development for educational leadership and scholarship. Acad Med. 2003 Feb;78(2):137-41. 2. Helitzer DL, Newbill SL, Morahan PS, Magrane D, Cardinali G, Wu CC, Chang S. Perceptions of skill development of participants in three national career development programs for women faculty in academic medicine. Acad Med. 2014 Jun;89(6):896-903. 3. Mennin S, Kalishman S, Eklund MA, Friedman S, Morahan PS, Burdick W. Project-based faculty development by international health professions educators: practical strategies. Med Teach. 2013;35(2):e971-7. 4. Golper TA, Feldman HI. New challenges and paradigms for mid-career faculty in academic medical centers: key strategies for success for mid-career medical school faculty. Clin J Am Soc Nephrol. 2008 Nov;3(6):1870-4.

B3. The Role of Chief Resident of Medical Student Education in Pre-Clinical and Clinical Psychiatry Experiences (Dalke, Finelli, Dube, Sacco)

Objectives: At the conclusion of this workshop participants will be able to: 1. Define the role of a Chief Resident of Medical Student Education in both pre-clinical and clinical psychiatry experiences 2. Identify how a
Chief Resident of Medical Student Education could be utilized by their program 3. Describe the benefits of a Chief Resident of Medical Student Education, both to the medical student clerkship as a whole, and to the individual Chief Resident’s teaching experience and career goals 4. Develop a plan of action for implementing a Chief Resident of Medical Student Education Rationale: A Chief Resident of Medical Student Education’s involvement in pre-clinical courses and the psychiatry clerkship is beneficial for administrators, residents, and students. This Chief Resident helps the Administration understand how best to involve students in clinical settings and how to support residents in providing the best learning environment for students. The Chief Residents serves as Assistant Clerkship Director, is on-call to back up for lectures and problem-solving with the Director and Coordinator, and is an additional point of contact and support for students. The Chief Residents links residents to student activities and provides educational training and support to residents. The Chief Resident is mentored by Administrators in academic leadership and develops and delivers lectures to residents and students. The Chief Resident who enters an academic career is especially poised to serve as a liaison between the education team and the clinical setting, helping to coordinate educational experiences, problem solve, and provide “bedside” pedagogical training and supervision to residents. Methods and Session Format: Introduction to the topic and participants (5 minutes). Presenter A will describe resident participation in student education, responsibilities of the Chief Resident, and opportunities for mentoring (20 minutes). Presenter B will elaborate from an Administrator’s viewpoint and offer an historical perspective on the role (20 minutes). Participants will be encouraged to ask questions (15 minutes). Participants will divide into small groups to discuss this role, benefits to their program, and barriers to creating the position (15 minutes). The group will reconvene to report from small groups and to share suggestions or previous experiences in such leadership (15 minutes).

B4. Six Things Every Clerkship Student Should Know about Geriatric Psychiatry (and How to Teach Them) (Wilkins, Blazek, Brooks, Lehmann, Liptzin, Wagonaar)
Rationale With the aging of the population and critical shortage of geriatric psychiatrists, all medical students, regardless of future specialty, must be prepared to assess and manage older patients with mental health symptoms (1). However, many schools lack specific instruction or clinical experience in geriatric psychiatry (2). Objectives 1) Describe six key geriatric psychiatry topics all medical students must learn. 2) Implement practical geriatric psychiatry teaching strategies. Methods and Session Format ADMSEP Geriatric Psychiatry Task Force panel discussion. Presenters will describe six key geriatric psychiatry topics endorsed by the American Association of Geriatric Psychiatry as critical knowledge, skills, and attitudes for graduating medical students. Presenters will provide examples of corresponding teaching strategies to easily incorporate into the psychiatry clerkship, followed by interactive discussion. 10 minutes each: Introduction: Dr. Wilkins Normal Aging: Dr. Blazek Assessment: Dr. Brooks Late-life Depression: Dr. Lehmann Delirium: Dr. Liptzin Dementia: Dr. Wilkins Psychopharmacology: Dr. Wagenaar Discussion: Panel (20 minutes)

B5. Engaged Learning: It’s More Clear with a Peer (Roman, Allison)
Rationale: With the increasing focus on active and engaged learning (1), medical schools are under increasing pressures to “flip the classroom” in which information “transfer” is completed outside the classroom, and assimilation or application of learning is done within the classroom. Peer instruction (2-3), developed by Eric Mazur, is an interactive, evidence based teaching method that involves students preparing outside the classroom, then answering questions posed by the instructor, first individually, then discussing their answers with peers, and then committing again to an answer. Objectives: At the end of the session, participants will be able to: 1. Define peer instruction 2. Learn effective techniques in facilitating a peer instruction session 3. Identify effective uses of peer instruction within the medical school curriculum 4. Identify the technological and staff support necessary to carry out this mode of instruction Method and Session Format: In this session, there will be an overview of peer instruction, with demonstration of the technique using the audience response system with the participants in this workshop as the learner group. With two years of experience, we feel confident in what works well from a faculty and student perspective in utilizing peer instruction as an engaged learning technique. We will share data about non-graded versus graded peer instruction sessions, as well as our document of “best practices.” Session Format/Timeline: 10 minutes Overview of Peer Instruction by Dr. Roman 30 minutes Demonstration of Peer Instruction by Dr. Roman and Lindsey Allison 15 minutes Question and Answer 20 minutes Preparation for using Peer Instruction and outcomes of Peer instruction at
C1. Writing for Publication (Roberts, Tennier, Coverdale, Balon)
This workshop introduces the essential skills of writing manuscripts for publication in peer-reviewed academic medical journals. To help participants build their writing skills, the course presents valuable and detailed information on the framework of empirical and conceptual manuscripts and specialized-format papers, such as annotated bibliographies, systematic reviews, and case reports. Participants will learn about the process of getting a paper published, including manuscript preparation, submission, editorial review, peer-review, revision and resubmission, editorial decision-making, and publication production. This process will be discussed step by step, from the perspective of writers, reviewers, and editors. Specific strategies for assessing one’s strengths and motivations as a writer and collaborator, choosing the “right” target journal for a paper, selecting the “right” presentation of the content, responding to reviewers’ concerns, and working with editors will be addressed, as will important, but seldom discussed, considerations related to collaboration with co-authors, authorship “ethics,” and scientific integrity issues. This workshop will involve interactive learning and Q&A and have a tone of warmth and collegiality. It is aimed at enhancing the skills of early- and middle-career academic physicians but will be valuable for more senior faculty who serve as mentors, senior authors, and guest editors. Learning objectives: To improve participants’ understanding of peer-reviewed journal publication processes; To identify participants’ personal strengths as writers; To provide information about the roles of editors, authors, and reviewers in publication References: Coverdale JH, Roberts LW, Balon R, Beresin EV. Writing for academia: getting your research into print: AMEE Guide No. 74. Medical Teacher. 2013;35(2):e926-34. Roberts LW, Coverdale JH, Edenharder KM, Louie AK. How to review a manuscript: a “down to earth” approach. Academic Psychiatry. 2004;28(2):81-7.

C2. Psychiatry Superpowers: Teaching Students to Use Emotions as Data and Its Impact on Burnout (Holmer, Maeda)
Rationale: Overwhelming evidence shows that medical students experience a decline in empathy when they enter the clinical phase they enter the clinical phase of training.(1) It has been suggested that interventions aimed at increasing empathy could reduce increasing empathy could reduce student burnout.(2) Conflicting studies indicate that empathy and increased emotional involvement may increase clinician distress. There is a culture in most mental health settings where empathy is valued, but balanced through increased self-awareness. increased self-awareness. This is achieved by various means, such as developing a greater capacity for mentalization, and understanding concepts like transference/countertransference, unconscious bias, boundaries and defenses. With the ultimate aim on reducing student burnout, a formal curriculum was developed at Duke School of Medicine for the psych of Medicine for the psychiatry clinical clerkship to make these ideas accessible and relevant to medical students. It inc medical students. It includes three weekly sessions focused on these psychological concepts and becoming comfortable using emotions as data. Students explore these ideas in the context of standardized clinical cases and personal clinical experiences. Objectives: 1. Describe the relationship between self-awareness, empathy and burnout. 2. Lead a discussion with students about mentalization, transference/countertransference, unconscious bias and unconscious bias and defenses. 3. Describe the risks and benefits of explicitly teaching medical students abstract psychological concepts. 4. Concepts. Session Format: 1. “Using Emotions as Data:” Description of course and what was learned from implementation. 2. Workshop attendees will participate in a class experience where clinical experiences are discussed to teach concepts of mentalization, transference/countertransference, unconscious bias and defenses. 3. Discuss reactions to class experience. Explore implications for introducing this intervention to medical stu medical students and whether it would be applicable to other institutions. References: 1. Neumann, Melanie, et al. "Empathy decline and its reasons: a systematic review of studies with medical students and residents." Academic medicine 86.8 (2011): 996-1009. 2. Thomas, Matthew R., et al. "How do distress and well-being relate to medical student empathy? A multicenter study." Journal of General Internal Medicine 22.2 (2007): 177-183

C3. Integration of Mental Health Care into Student Run Clinics: Benefits, Challenges, and Practical Application (Raml, Inbarasu, Martinez, Preston, Jareczek, Barkil-Oteao)
Rationale: Student run clinics (SRC) are well established as valuable contributors to both medical education and communities (Simpson & Long, 2007). SRC serve an indigent population with increased prevalence of mental illness and augment experiential learning for students (Welsh et al, 2012). Participation in SRC can systematically expose students to this population during preclinical and clinical training. Also, faculty members can utilize direct observation to provide students critical formative feedback for developing their interview technique and style, especially during preclinical years. Thus, SRC enhance clinical skill sets through a well-supervised hands-on experience. Surprisingly, many SRC do not provide mental health care. By including mental health care in SRC, the educational benefits of SRC expand to psychiatry specifically. These benefits include early exposure to outpatient psychiatry and training in the psychiatric interview and assessment (Schwietzer, 2012). In conclusion, incorporating mental health into SRC can accomplish multiple educational goals as defined by ADMSEP Key Diagnosis, Learning Goals and Milestones and is a worthwhile endeavor to improve psychiatric education. Objectives: By the end of the session, participants will: Recognize the value of incorporating mental health care into student run clinics; Recall one principle of success to integrating mental health care in student run clinics. Methods and Session Format: This session will consist of four parts. In part one, 10 minutes will be used to provide background information on student run clinics, mental health incorporation, and educational benefit in correlation with ADMSEP Key Diagnoses, Learning Goals and Milestones. In part two, four institutions will take 10 minutes each to present a best practice from their experience integrating mental health into student run clinics in Nebraska, Iowa, Alabama and Connecticut. Then, the presenters will summarize principles to successful integration of mental health care in student run clinics. In part three, participants will meet for 20 minutes in facilitated small groups to discuss how to apply these principles to their own challenges to incorporation of mental health care in student run clinics at their own institution. Finally, in part four, small group leaders will be asked to share their ideas with the large group.


C4. Coordinators and Directors: Perspectives on the Roles and Responsibilities of the Psychiatry Clerkship Team
(Sacco, Dube, Crisafio, Khin Khin, Knight, Rakofsky)

Educational Objectives: At the conclusion of this workshop participants will be able to: 1. Identify and describe the strengths and weaknesses in their Clerkship Medical Education team. 2. Describe the best practices to nurture their team and/or to clarify the specific roles and responsibilities if necessary. 3. Apply knowledge gained from this workshop to create a more successful work environment for Clerkship Director and Coordinator, ultimately creating a better clerkship and atmosphere for students. Rationale: It can be challenging to approach medical student education on any given day, even more so when your team is in disarray behind the scenes. Since each Clerkship Medical Education Team functions as unified or as independently as they choose to be, this discussion group will delve into the unique challenges coordinators and directors face together. An obstacle can morph from trivial to insurmountable (or vice versa), all depending on how a team initially manages or mismanages a situation. This group will also visit the benefits of working together as a team versus defining clear roles. There will be a panel of coordinator+director teams including: a newly paired team (1 year together), a seasoned team (+5 years together), one seasoned coordinator with one new director, and one team who will discuss the importance of having a predetermined contingency plan in the event of prolonged absence of a coordinator. Methods and Session Format: Each team will introduce themselves and give a brief description of their experience in the clerkship as well as how their team chooses to function (independent vs. cohesive). The session will use small group discussion to identify scenarios in programs that were handled well vs. mismanaged, and these scenarios will be discussed with the audience as participants will be encouraged to discuss their own situations with the group. Constant Q&A will be encouraged throughout the session to keep participants involved and actively engaged in the discussion group.
C5. Thinking About Integration? Toolkit for Integrating Psychiatry and Neurology in Clinical Clerkships (Malloy, Griffeth, Lowenhaupt, Brannan)

Rationale Curricular reform in UGME is growing in the U.S., requiring innovation in development of integrated clinical experiences and curricula. Transitioning from departmentally-based clerkships to integrated clerkships requires management of organizational change, collaboration across departments, and flexibility. Integrating psychiatry with neurology in a single clerkship is one curricular trend—however, little has been published on actual models and methods of development of this type of clerkship. This workshop offers exposure to development and implementation of three existing models of integrated neurology-psychiatry clerkships—the University of South Carolina SOM-Greenville, Brown Alpert Medical School, and the University of North Carolina SOM—emphasizing opportunities, challenges, and key considerations. We include data related to student outcomes on assessments, exams and evaluations. Objectives 1. List resonant areas that are common to neurology and psychiatry in constructing integrated clerkship content and experiences 2. List differences in content and process in neurology and psychiatry as opportunities for complementary teaching of clinical skills 3. Compare synergistic benefits of integration against potential barriers to planning and implementation 4. Create action plans for further exploration and/or construction of integrated psychiatry/neurology clerkships