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Welcome to the Annual Meeting

It is my pleasure to welcome you to the 39th Annual Meeting of the Association of Directors of Medical Student Education in Psychiatry. We are delighted to be here in historic Williamsburg, Virginia. Our Program Chair, Dr. Susan Lehmann, has put together a fantastic program with assistance from last year's Program Chair Dr. John Spollen. Dr. Greg Briscoe, Facilities Chair, and Dr. Gary Beck, ADMSEP Administrator, have worked hard to insure that every aspect of our meeting runs smoothly.

Attending our Annual Meeting is one of the highlights of my year. ADMSEP members are a warm and collegial group of people. Whether this is your first meeting or your 39th, you can expect to be enthusiastically welcomed into the fold of medical student educators in psychiatry. In addition to the formal program, please take advantage of the chance to make connections with your colleagues during our shared meals and all-important leisure time. I can guarantee that you will return to your home institutions nourished and energized!

Janis Cutler, M.D.
President (2011-2013)

ADMSEP Mission Statement

The Association of Directors of Medical Student Education in Psychiatry is an organization of psychiatric educators dedicated to the education of medical students in the behavioral sciences and psychiatry. The Association was formed in 1975 when a small group of psychiatric educators met in Chicago to discuss undergraduate medical education. The mission of ADMSEP is to:

• Champion excellence in medical student psychiatric education
• Support, develop, and disseminate research and innovation in teaching methods, content, and evaluation
• Develop goals and objectives for medical student psychiatric education
• Foster the professional development and career satisfaction of medical student psychiatric educators
• Provide support, guidance, and resources to medical students considering a career in psychiatry
• Collaborate with other psychiatric and medical education organizations to pursue common interests

Program Accreditation

The University of Nebraska Medical Center, Center for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Nebraska Medical Center, Center for Continuing Education designates this live activity for a maximum of 15.50 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Future Meetings

2014 ADMSEP Annual Meeting
June 12-14, 2014
Keystone Resort
Broomfield, CO

2015 ADMSEP Annual Meeting, Stoweflake Resort, Stowe, Vermont
2016 ADMSEP Annual Meeting, The Elms, Excelsior Springs, Missouri
2017 ADMSEP Annual Meeting, New Mexico

Stay tuned to the ADMESP website for additional information.

Past Meeting Sites

1986  Congress Americana Hotel – Chicago, Illinois
1987  Marriott Hotel – Denver, Colorado
1988  Marriott Hotel – Denver, Colorado
1989  Hyatt Regency Hotel – Minneapolis, Minnesota
1990  Loews Ventana Canyon Resort – Tucson, Arizona
1991  Grove Park Inn – Asheville, North Carolina
1992  Loews Ventana Canyon Resort – Tucson, Arizona
1993  Banff Springs Hotel – Banff, Alberta
1994  Loews Ventana Canyon Resort – Tucson, Arizona
1995  El San Juan Hotel and Casino – San Juan, Puerto Rico
1996  Hotel Santa Fe – Santa Fe, New Mexico
1997  Fairmont Chateau Whistler – Whistler, British Columbia
1998  The Westin la Paloma – Tucson, Arizona
1999  Samoset Resort – Rockport, Maine
2000  Hotel Santa Fe – Santa Fe, New Mexico
2001  Fairmont Chateau Whistler – Whistler, British Columbia
2002  Sonesta Beach Resort – Key Biscayne, Florida
2003  Jackson Lake Lodge – Jackson Hole, Wyoming
2004  Ritz Carleton Montreal – Montreal, Quebec
2005  Monterey Plaza Hotel and Spa – Monterey, California
2006  Loews Annapolis Hotel – Annapolis, Maryland
2007  The Canyons Resort – Park City, Utah
2008  The Hotel Galvez - Galveston, Texas
2009  Sheraton Portsmouth—Portsmouth, New Hampshire
2010  Jackson Lake Lodge—Jackson Hole, Wyoming
2011  Hilton Savannah DeSoto—Savannah, Georgia
2012  Semiahmoo Resort—Blaine, Washington
2013  Williamsburg Lodge—Williamsburg, Virginia
Keynote Speaker | David A. Hirsh, M.D.

Among a variety of clinical, administrative, and educational duties, David A. Hirsh, M.D. is the Director and co-founder of the Harvard Medical School-Cambridge Integrated Clerkship. After graduating summa cum laude with a B.A. in History from Dartmouth College, he attended the University of Virginia, School of Medicine and completed his residency at the University of Michigan. Following his chief residency, he joined the Department of Medicine of Cambridge Hospital and joined the faculty of Harvard Medical School where he is an Assistant Professor. In his clinical work, Dr. Hirsh served from 1995-2009, as Medical Director of the City of Cambridge Healthcare for the Homeless Program—the longest standing director in the program’s history. In 1997, in Somerville, Massachusetts, he co-founded a new community health center to address the needs of underserved immigrant patients. Clinically, he has been named among the best physicians in Boston in Boston Magazine.

In educational work, Dr. Hirsh has taught in all four years of the curriculum at HMS. In addition to his leadership of the Integrated Clerkship, he is the long time director of the HMS year II OSCE and Harvard’s Patient-Doctor II course in Cambridge. Dr. Hirsh has taught in the Internal Medicine residency at Cambridge and won its Faculty Teacher of the Year honor. He was named Harvard’s Daniel D. Federman Outstanding Clinical Educator, has received Harvard’s Robert H. Ebert Teaching Award, and has received Harvard Medical School’s Excellence in Teaching Award, years’ I-II. Dr. Hirsh also received Harvard’s AAMC Humanitarian in Medicine Award and the Gold Foundations Tow Award for Humanism in addition to numerous other teaching and service commendations. He was awarded the HMS Academy’s Suzanne W. Fletcher Fellowship Prize. In 2007, he became one of the founding members of the international medical education reform organization—the Consortium of Longitudinal Integrated Clerkships. His scholarship and writing on educational continuity has meaningfully influenced the “Future of Medical Education in Canada” document and the recent Carnegie Report, Educating Physicians. He has created faculty development programs, been a visiting professor, and served as an education consultant on a global scale.

Disclosure Statements

As a provider of AMA PRA Category 1 Credits™ the University of Nebraska Medical Center, Center for Continuing Education must insure balance, independence, objectivity and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All individuals involved with the content identification development and presentation must disclose to the activity audience any significant financial or other relationship with a commercial organization.
2013 Annual Meeting Program Goals and Objectives

Educational Goal

To provide an update on current issues and innovative initiatives, methodologies and approaches to/in medical student education in psychiatry, in an environment of collegial sharing, support and inquiry.

Learning Objectives

By the end of the meeting, the attendee shall be able to:

- Describe and apply techniques for scholarly writing that leads to peer-reviewed publication and define what authorship implies.
- Describe the use and development of technologically advanced simulated patient care scenarios, and virtual patients for medical education.
- Identify aspects of integrated clerkships and the benefits of incorporating them at new teaching sites.
- Describe the challenges and the opportunities for global mental health medical student education.
- Recognize professional boundaries course coordinators should model with medical students.
- Describe the relationships among the many entities that exist to support and manage distressed students.
- Describe the steps to generate a research question and the methodologies needed to answer the question.
- Identify constructive approaches to curricula and innovative teaching, and development of safeguarded pathways to confidential care for medical schools.
- Apply the use of a standardized bank of cases to accreditation standards for psychiatry clerkships.
- Identify techniques for enhancing traditional didactics through interaction.
- Identify steps for incorporating team-based learning in pre-clinical medical education.
- Discuss the challenges of implementing a team-based learning curriculum via teleconference.
- Describe different models of care in psychiatric settings.
- Illustrate how to implement an addiction medicine curriculum to enhance students’ learning on a psychiatry clerkship.
- Identify aspects of a patient safety curriculum for medical students.
- Define the role of reflective writing as a means of enhancing empathy in medical student education.
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<th>Time</th>
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<tr>
<td>8:00 AM – 8:30 AM</td>
<td><strong>ADMSEP Council Breakfast</strong></td>
<td>Liberty A</td>
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<td>8:00 AM – 1:00 PM</td>
<td><strong>Clerkship Administrator Certificate Program</strong></td>
<td>Patriot Room</td>
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<td>Gary L. Beck, University of Nebraska COM</td>
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<td>Virginia Cleppe, Medical College of Wisconsin</td>
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<td>8:30 AM – 11:30 AM</td>
<td><strong>ADMSEP Council Meeting</strong></td>
<td>Gov. Jefferson Brd Rm</td>
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<td>11:30 AM – 12:30 PM</td>
<td><strong>ADMSEP Education Scholars Lunch</strong></td>
<td>Tidewater Rm B</td>
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<td>12:30 – 4:30 PM</td>
<td><strong>ADMSEP Medical Education Scholars Program</strong></td>
<td>Tidewater Rm B</td>
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<td>Disseminating Your Research</td>
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<td>Lisa Fore-Arcand, Eastern Virginia Medical School</td>
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<td>Ruth Levine, University of Texas Medical Branch</td>
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<td>Do Not Fear: Statistics Can Be Clear</td>
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<td>Cathie Lewis, University of Connecticut Health Center</td>
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<td>Jonathan Alpert, Harvard Medical School</td>
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<td>3:00-5:30 PM</td>
<td><strong>Toolkit for Early Educators</strong></td>
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<td>Art of Negotiation for New Directors</td>
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<td>Nutan Vaidya, Rosalind Franklin University</td>
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<td>All Aboard the ClerkSHIP</td>
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<td>Matthew Goldenberg, King's College London/London</td>
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<td>School of Hygiene and Tropical Medicine</td>
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<td>Kenan Penaskovic, University of North Carolina</td>
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<td>Toolbox to Improve NBME and USMLE Performance</td>
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<td>John Spollen III, University of Arkansas for Medical Sciences</td>
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<td>3:00 – 4:30 PM</td>
<td><strong>Committee/Task Force Meetings</strong></td>
<td>Tidewater Rm A</td>
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<td>Clinical Simulation Initiative Task Force</td>
<td>Tidewater Rm A</td>
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<td>Awards Committee</td>
<td>Tidewater Rm C</td>
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<td>Membership Committee</td>
<td>Tidewater Rm D</td>
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<td>4:30 – 6:00 PM</td>
<td><strong>Committee/Task Force Meetings</strong></td>
<td>Tidewater Rm A</td>
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<td>Clerkship Administrators Task Force</td>
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<td>Learning Objectives Task Force</td>
<td>Tidewater Rm B</td>
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<td>Child &amp; Adolescent Psychiatry in Medical Education Task Force</td>
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<td>Research Committee</td>
<td>Tidewater Rm D</td>
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<td>6:00 – 7:00 PM</td>
<td><strong>Poster Reception &amp; Technology Resources Session</strong></td>
<td>Allegheny Room</td>
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<td>7:00 – 10:00 PM</td>
<td><strong>Welcome Banquet</strong></td>
<td>Fountain Garden</td>
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### Friday, June 21, 2013

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<tr>
<th>Time</th>
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<tr>
<td>7:00 – 7:45 AM</td>
<td>Executive Council Breakfast</td>
<td>Allegheny Room C</td>
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<tr>
<td>7:00 – 7:45 AM</td>
<td>Breakfast</td>
<td>Virginia Rm C</td>
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<tr>
<td>8:00 – 9:00 AM</td>
<td><strong>KEYNOTE ADDRESS</strong>&lt;br&gt;On Educational Design: The Principles, Practices, and Results of Harvard’s Cambridge Integrated Clerkship&lt;br&gt;David Hirsh, Cambridge Health Alliance</td>
<td>Virginia Rm D/E</td>
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<td>9:00-9:15 AM</td>
<td>Break</td>
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<td>9:15 – 10:15 AM</td>
<td><strong>Plenary I: New Models in Curriculum</strong>&lt;br&gt;<strong>Moderator: Molly Poag MD</strong>&lt;br&gt;An Innovative Approach to Educating Medical Students in Psychiatry&lt;br&gt;Olapeju Simoyan, The Commonwealth Medical College&lt;br&gt;A.C. Patel, The Commonwealth Medical College&lt;br&gt;Sanjay Chandragiri, The Commonwealth Medical College&lt;br&gt;Frank Fetterolf, The Commonwealth Medical College&lt;br&gt;Learning to Share our Toys: Integrated Clerkship Curriculum and Leadership&lt;br&gt;Yael Dvir, University of Massachusetts Medical School&lt;br&gt;Deborah Field, University of Massachusetts Medical School&lt;br&gt;Global Mental Health: Imagining an Undergraduate Medical Curriculum&lt;br&gt;Matthew Goldenberg, King’s College London/London School of Hygiene and Tropical Medicine</td>
<td>Virginia Rm D/E</td>
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<td>10:15 – 11:00 AM</td>
<td><strong>Poster Session</strong>&lt;br&gt;Technology Resources Session</td>
<td>Allegheny Room</td>
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<td>11:00– 12:15 PM</td>
<td><strong>Concurrent Workshops I</strong>&lt;br&gt;Bridging Educational Principles and Educational Design: Small Group Discussion about Harvard’s CIC Program and Beyond&lt;br&gt;David Hirsh, Community Health Alliance&lt;br&gt;How to Develop a Pre-Clinical Team-Based Learning Session Utilizing VA Faculty and Clinicians&lt;br&gt;Theodore B. Feldmann, University of Louisville School of Medicine&lt;br&gt;Connie N. Paynter, Louisville VA Medical Center&lt;br&gt;Maintaining appropriate professional boundaries in the coordinator role: Are we a friend, confidant, peer, boss or mother to our students?&lt;br&gt;Melissa Jacob, Medical University of South Carolina&lt;br&gt;Richard O’Neal, University of Central Florida&lt;br&gt;Lindsey Allison, Wright State University Boonshoft SOM&lt;br&gt;Jeffrey Cluver, Medical University of South Carolina&lt;br&gt;Brenda Roman, Wright State University Boonshoft SOM&lt;br&gt;Martin Klapheke, University of Central Florida&lt;br&gt;Fostering RATs II: Getting Through the Maze</td>
<td>Piedmont Rm A</td>
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<td>Piedmont Rm B</td>
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<td>Piedmont Rm C</td>
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<td>Virginia Rm A</td>
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2013 ADMSEP Annual Meeting

11:00–12:15 PM
Concurrent Workshops I (continued)

Panel Discussion: Teaching Interviewing  
Moderator: Amy Brodkey MD  
Virginia Rm B

From the Biomedical to the Biopsychosocial to the Integrated Model of Care: The Patient as a Person  
Renate Rosenthal, University of Tennessee HSC  
G. Stephen Nace, University of Tennessee HSC

The Contribution of Good Intentions to Medical Error: The Seven Sins of Highly Effective Physicians  
Julia Frank, George Washington University School of Medicine

A Review of Student Interviews through the Lens of Neuroscience and Self-psychology  
J. Jeffrey Means, Des Moines University, College of Osteopathic Medicine

Wisdom in the Teaching of Psychiatric Interviewing  
Mitchell Cohen, Thomas Jefferson University, Jefferson Medical College

12:15 – 1:15 PM  
Lunch  
Virginia Rm F

1:20 – 2:20 PM
Plenary II: Unique Ways of Engaging Students
Moderator: Martin Leamon MD
Virginia Rm D/E

High Fidelity Simulation in a Psychopathology Course: Yes, you can!  
Anthony Gale, Wright State University Boonshoft SOM  
Brenda Roman, Wright State University Boonshoft SOM

An Innovative Integrated Addiction Medicine Curriculum  
Lisa Fore-Arcand, Eastern Virginia Medical School  
Kathleen Stack, Eastern Virginia Medical School  
Greg Briscoe, Eastern Virginia Medical School

An Innovative Addictions Curriculum Enhances Student Ratings on Psychiatry  
Robert Averbuch MD, University of Florida COM

2:20-2:30 PM  
Break

2:30-3:30 PM
DSM-5 Update  
Darrel Regier, M.D., American Psychiatric Association  
Virginia Rm D/E

3:30–7:00 PM  
Williamsburg Site Seeing Time

6:00-7:00 PM  
Research Consultations  
Allegheny Rm

7:00 – 8:00 PM
Reception & Poster Session  
Technology Resources Session  
Allegheny Rm

8:00 – 10:00 PM  
Dinner and Awards Ceremony  
Tidewater Rm A/B
## Saturday, June 22, 2013

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<td>6:45 – 7:45 AM</td>
<td>Executive Council Breakfast</td>
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<td>6:45 – 7:45 AM</td>
<td>Breakfast</td>
<td>Tidewater Rm A/B</td>
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<td>7:45 – 8:20 AM</td>
<td>Past President Address</td>
<td>Virginia Rm D/E</td>
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<td></td>
<td>Strategies for Management of Change in Psychiatric Education</td>
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<td>Theodore B. Feldmann, University of Louisville SOM</td>
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<td>8:20 – 8:30 AM</td>
<td>Break</td>
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<td>8:30 – 9:45 AM</td>
<td>Concurrent Workshops II</td>
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<td>Get Published Now! An Interactive Guide to Sharing Your Work on MedEd Portal</td>
<td>Piedmont Rm A</td>
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<td>Matthew Goldenberg, King's College London/London School of Hygiene and Tropical Medicine</td>
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<td>Working Collaboratively with your Residency Training</td>
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<td>Director to Enhance Medical Student Education: Moving Beyond Residents as Teachers</td>
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<td>Jeffrey Cluver, Medical University of South Carolina</td>
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<td>Sarah Johnson, University of Louisville SOM</td>
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<td>Rebecca Tamas, University of Louisville SOM</td>
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<td>Melissa Jacob, Medical University of South Carolina</td>
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<td>Academic Leadership: What You Are Doing Now May Not Get You Where You Want to Be</td>
<td>Piedmont Rm C</td>
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<td>Brenda Roman, Wright State University Boonshoft SOM</td>
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<td>Karin Esposito, Herbert Wertheim COM Florida International University</td>
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<td>Darlene Shaw, Medical University of South Carolina</td>
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<td>The Bigger Picture: Creating an Outpatient Psychiatry Clerkship Experience</td>
<td>Virginia Rm A</td>
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<td>Abigail Kay, Thomas Jefferson University Hospital</td>
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<td>Mitchell Cohen, Jefferson Medical School, Thomas Jefferson University</td>
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<td>Using Reflective Writing to Increase Empathy in Medical Students</td>
<td>Virginia Rm B</td>
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<td>Sergio Hernandez, University at Buffalo, State University of New York</td>
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<td>9:45 - 10:00 AM</td>
<td>Break</td>
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<td>10:00 – 11:15 AM</td>
<td>Concurrent Workshops III</td>
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<td>In the Beginning...Developing a Powerful Research Question</td>
<td>Piedmont Rm A</td>
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<td>Cathie Lewis, University of Connecticut</td>
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<td>The Good, the Bad, and the Ugly: Implementing Team-Based Learning via Teleconferencing to Branch Clerkship Sites</td>
<td>Piedmont Rm B</td>
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<td>Kenan Penaskovic, University of North Carolina SOM</td>
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<td>Erin Malloy, University of North Carolina SOM</td>
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<td>Katie Smith, University of North Carolina SOM</td>
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10:00 – 11:15 AM

**Concurrent Workshops III (continued)**

**Psychiatry Clinical Simulation Initiative Teaching Modules for Medical Students: Demonstration of New Modules for 2013**

Sarah Johnson, University of Louisville
Adriana Foster, Medical College of Georgia
Martin Klapheke, University of Central Florida
Teresa Johnson, University of Central Florida
Howard Liu, University of Nebraska COM
Michael Marcangelo, University of Chicago
Jeffrey Cluver, Medical University of South Carolina
S. Taylor Williams, University of Tennessee HSC
René Rosenthal, University of Tennessee HSC
Matthew Palmeira, University of Central Florida
Hendry Ton, University of California-Davis
Raed Hawa, University Health Network
Bernard Davidson, Medical College of Georgia

Who Writes Textbooks Anymore?

Julia Frank from George Washington University SOM
Dean MacKinnon, Johns Hopkins Medical Institutes
Janis Cutler, Columbia University College of Physicians

Piedmont Rm C

Virginia Rm A

11:15 -11:30 AM

**Break**

11:30 AM –12:30 PM

**Plenary III: Recruitment Issues in Psychiatry**

**Moderator: Linda Pessar MD**

The Next Generation: Trends, Factors and Success Stories in Recruiting Medical Students into Psychiatry

John Spollen, University of Arkansas for Medical Sciences

Virginia Rm C

12:30-1:30 PM

**Lunch & Business Meeting**

Virginia Rm C

1:30 – 2:30 PM

**ADMSEP Council Meeting**

Gov. Jefferson Brd

Rm
**Workshop 1: Charting a Course**
Gary Beck PhD, University of Nebraska College of Medicine
Virginia Cleppe AM, Medical College of Wisconsin

Understanding the dichotomy of the institutional culture with your personal mission and values is a key factor in being able to successfully achieve personal and organizational goals. At the conclusion of this workshop you will
1. Articulate your personal mission;
2. Correlate your passions with your mission;
3. Discuss the relationship of your personal mission, vision and values.

---

**Workshop 2: Expanding the Realm: Understanding Your Role Through Leadership and Emotional Intelligence**
Gary Beck PhD, University of Nebraska College of Medicine
Virginia Cleppe AM, Medical College of Wisconsin

Curriculum administrators bring skills from a wide spectrum of specialties and experiences. Understanding how these strengths contribute to expertise enhances your work. Using one’s particular strengths to build and enhance relationships with the many different constituencies with which one interacts is fundamental to success in this field. Articulating course goals and the expectations placed on students, residents and faculty, as well as approaching issues pertaining to confidential or sensitive issues in a professional manner necessitates utilization of advanced communication skills. At the conclusion of this workshop, you will
1. Identify the level at which you are a leader in medical education
2. Correlate your mission with the core purpose of your clerkship
3. Recognize the importance of emotional intelligence and its role in leadership
4. Develop strategies for using emotional intelligence to achieve desired outcomes in critical conversations
Disseminating Your Research
Lisa Fore-Arcand EdD, Eastern Virginia Medical School
Ruth Levine MD, University of Texas Medical Branch

Disseminating your research findings to others in the field is critical. Your research findings are only useful if they can be accessed and understood by the target audience. In this session participants will learn to develop a dissemination plan, taking into account the needs of the target audience and to incorporate strategies to make their dissemination effective. Participants will also learn some general writing guidelines as well as strategies for developing research summary documents and posters as a visually appealing method to disseminate findings to a broad audience. Participants will be emailed articles to read prior to this workshop and be prepared to discuss with the group. Participants will also be given worksheets and guides to assist in developing their research plan and implementing it.

Objectives:
At the conclusion of this educational activity participants will be able to:

- Design a research dissemination plan
- Identify the target audience for the research dissemination
- Identify the potential venues for the publication or presentation of their particular research findings
- Recognize strategies to develop visually appealing posters or slides for presenting their research findings.
Do not Fear: Statistics Can Be Clear
Cathie Lewis MD, University of Connecticut
Jonathan Alpert MD, PhD, Harvard Medical School

Educational Objectives: At the end of the session, the participants will be able to: 1. Identify different types of variables and how to perform analysis on them 2. Identify at least four basic tests to test association between variables 3. Practice with SPSS and be able to perform at least one analysis on a provided data set.

Background: Educational research is critical to the advancement of academics. While case reports and descriptive papers are of great value, data driven work is gaining importance in the field. In many instances, there is scant opportunity for educators to gain knowledge about statistics or how to run analysis. Often the task is turned over to a statistician collaborator. While this collaboration can be fruitful, it limits the investigator’s true ability to examine their data and, perhaps discover interesting findings that they wish to further explore. The advancement of computer software has made programs such as SPSS and EXCEL much more user friendly to the non-statistician. The will enable an increasing number of educators to start analyzing their own data and appreciating fully its value and potential.

Description: This workshop will begin with a review of basic statistics (variable types, research paradigms, measure types). It will then discuss appropriate tests to use with an emphasis on the variable as a driver of this selection. The workshop will use a computer loaded with SPSS and actual data set to demonstrate the process of basic data analysis and its simplicity, utility, and power. The session will be interactive with members coming up to the computer and taking turns, with our guidance, in analyzing the existing data set. We will also review the SPSS printout and how to interpret what it means. We would like this session to be as interactive as possible. If there are participants who would like their data set looked at, they can e-mail it (in EXCEL or SPSS) to catlewis@uchc.edu.

Conclusion: Analyzing data often seems a daunting task to MDS. New programs and resources render the process attainable and rewarding for those conducting educational research.

References
Art of Negotiations for New Directors
Nutan Vaidya MD, Rosiland Franklin SOM

Educational Objectives: At the conclusion of this activity, participants will describe some of the administrative skills necessary to succeed as clerkship directors, as well as begin to develop a network of support through ADMSEP.

Background: Early career educators are often overwhelmed as they inherit a curriculum system which in addition to teaching requires developing new administrative skills for the position of clerkship director or course director. Support for such positions varies greatly across the country. It is essential to negotiate with chairs for resources for one’s programs.

Method: In this highly interactive discussion based workshop led by a chair of a department of psychiatry and a director of medical student education in psychiatry, discussions will focus on the challenges within medical student education. The areas to be covered include navigating difficult situations with students, faculty and department chairs, and career development as an educator and negotiating for educational resources.

Conclusions: Participants will begin to learn the skills to necessary to 1) succeed in their role as clerkship directors and 2) develop a network of ADMSEP colleagues as they continue in the path of medical student education.
Welcome Aboard the ClerkSHIP: Navigating Institutional Hazards, a Junior Faculty Perspective

Matthew Goldenberg MD, King's College London/London School of Hygiene and Tropical Medicine
Kenan Penaskovic MD, University of North Carolina School of Medicine

Background: New clerkship directors frequently bring great enthusiasm and innovative ideas that can influence positive change in their students’ educational experience. Junior faculty members who take over the leadership of clerkships often enter with idealized expectations of academic psychiatry only to encounter less than ideal circumstances upon assuming their roles. Hidden resistance in the form of institutional traditions and bureaucracy can hinder a new director’s agenda for change. Other potential obstacles include excessive clinical responsibilities, financial limitations and dysfunctional departmental politics. Models for successful navigation of early academic careers have been proposed, but very little of this information has originated from the perspective of junior faculty themselves.

Summary: This workshop, led by two junior faculty clerkship directors from different institutions, highlights several common institutional hazards that newer faculty may face. Topics include conducting a needs assessment, negotiating for resources, obtaining administrative support and productively engaging even if disagreeing with the chair of your department. Special attention will be paid to the importance of building a peer network, navigating institutional politics, and balancing institutional priorities.

Objectives/Conclusions: Through an interactive format, participants will (1) identify and discuss common problems in psychiatry departments; (2) identify the availability of and how to access various extramural resources, including those from ADM SEP and AAMC; (3) identify key persons and resources at their home institutions to provide guidance; (4) identify at least one institution-specific issue to tackle; and (5) develop an action plan to resolve the identified issue.

References:
A Toolbox to Improve NBME and USMLE Performance
John Spollen MD, University of Arkansas for Medical Sciences
In this session participants will learn about various aspects of the National Board of Medical Examiners (NBME) and the services it provides that are utilized by psychiatric educators. The presenter will review the various examinations with content relevant to psychiatric educators and use of the examination results and pertinent subscales as a marker of an educational outcome for the medical knowledge competency. Published articles concerning NBME subject examinations in psychiatry will be reviewed and interventions that have been reported to improve student performance will be discussed. The presenter will describe various steps taken at his institution that have been associated with significant and lasting improvements in the student performance on the NBME psychiatry subject examination and reflect on which of the steps could be implemented by the participant at their institution.

Objectives:
1. State the NBME examinations and subscales relevant to psychiatric educators.
2. Describe the potential benefits of faculty review of the NBME subject examinations for curriculum development.
3. List at least one evidence-based approach to improving students performance on NBME subject examinations.
Longitudinal Integrated Clerkships: A Case for Change
David Hirsh MD, Cambridge Health Alliance

Longitudinal Integrated Medical Education is a successful and rapidly growing transformation of clinical education. The model, grounded in principles derived from the learning sciences, offers promise for a wide array of core health system and educational missions including improving learning and retention, addressing workforce needs for specific disciplines and locations, fostering humanism in education, and enhancing movements for quality, safety, and health system redesign.

The Harvard Medical School (HMS) Cambridge Integrated Clerkship (CIC), now in its tenth year, is a longitudinal integrated clerkship (LIC) structured to create “educational continuity” and functional learning and service relationships. It may, thereby offer particular benefits to Psychiatry training. This session will review the “case for change”, educational underpinnings, structure and outcomes data of this emerging model.
An Innovative Approach to Educating Medical Students in Psychiatry
Olapeju Simoyan MD, MPH, The Commonwealth Medical College
A.C. Patel MD, The Commonwealth Medical College
Sanjay Chandragiri MD, The Commonwealth Medical College
Frank Fetterolf MD, The Commonwealth Medical College

The World Health Organization (WHO) recommends that all medical students should be trained to integrate humanistic, technological and scientific aspects of the knowledge of psychiatry, and that psychiatric syndromes and their treatment be taught in an integrated manner that incorporates the biopsychosocial approach. The curriculum at The Commonwealth Medical College also emphasizes a patient centered, holistic approach to medical training and practice. Modes of instruction include self-directed, independent learning techniques such as case based learning and team based learning. Students are exposed to patients from the very beginning of their medical training and the curriculum is taught in an integrated fashion. Beginning with Neuroscience in the first year, the “Mind” block of the Systems course in the second year and through the longitudinal integrated curriculum (LIC), students learn the basic science and clinical aspects of neurology and psychiatry through an integrated, developmental approach. This innovative approach includes live patient presentations, didactics (delivered largely by podcast) and interactive class sessions in the first and second years and the LIC in the third year. The curriculum will be described in detail. Preliminary data regarding students’ knowledge and attitudes towards psychiatry will also be presented.

References
1. Walton H., Gelder M. Core curriculum in psychiatry. Medical Education 1999; 33: 204-211
Learning to Share our Toys: Integrated Clerkship Curriculum and Leadership

Yael Dvir MD, University of Massachusetts Medical School
Deborah Field MD, University of Massachusetts Medical School

Rationale: Medical knowledge is expanding exponentially. National organizations have called for changes to physician education in order to address changing practice and integration of this knowledge into clinical work.1,2 Medical schools across the country are heeding these calls and redesigning their curricula to address core competencies: (1) standardizing learning outcomes and individualizing the learning process, (2) promoting multiple forms of integration, (3) incorporating habits of inquiry and improvement, and (4) focusing on the progressive formation of the physician's professional identity.1,2 As part of this effort, the University of Massachusetts Medical School (UMMS) core clerkships are now organized into three coordinated thematic sections, including “Care of Families”: Family Medicine and Community Health, Pediatrics and Psychiatry. This integrated course provides opportunities for purposeful integration of skill and content based curricula. The course has cross departmental leadership, modeling the interdisciplinary teamwork critical to patient care.

Objectives: At the end of this workshop, participants will be able to: 1. Identify the rich opportunities for integration with other specialties 2. Discuss challenges of integrated leadership

Methods: The presentation will include: 1. A presentation of UMMS experience in implementing an integrated clinical course 2. Two experiential components: a. Observing an integrated OSCE and identifying essential competencies from different specialty perspectives b. An integrated reflection exercise that begins with a theater stimulus.

References:

Global Mental Health: Imagining an Undergraduate Medical Curriculum

Matthew Goldenberg, King's College London/London School of Hygiene and Tropical Medicine

Global mental health (GMH) is an emerging field that focuses attention on understanding and addressing mental, neurological and substance use disorders in countries throughout the world. Particular attention is paid to the hundreds of millions of people living with such conditions--including a large majority of those in middle and low income countries--whose mental health needs are not adequately addressed. Over the last 5 years, GMH has received increased attention from major publications (including Lancet and Nature), governmental agencies (including the WHO and NIMH) and academia (including the establishment of the world’s first dedicated graduate degree program in GMH this past year in London). Incorporating a GMH perspective into the psychiatric education of North American medical students may prove a valuable addition to undergraduate curricula. Such a perspective would encourage educators to highlight topics such as psychiatric epidemiology, transcultural psychiatry and mental health service delivery. Inclusion of such content may serve to encourage internationally oriented students to consider psychiatry as a career and/or to consider the mental health needs of their future international patient populations. This poster imagines several potential ways educators may incorporate GMH perspectives into their schools' curricula.
Longitudinal Integrated Clerkships:
Transforming Clinical Medical Education
David A. Hirsh MD, Cambridge Health Alliance

Longitudinal Integrated Clerkships (LICs) are transforming clinical education worldwide. With their success, these innovations generate many questions:

- What are the driving forces for change and the rationale and context leading to LICs?
- How does the LIC model connect to educational principles and the sciences of learning?
- How do LICs work and what are the “nuts and bolts” of implementation?
- What can LICs teach us about “disruptive change” and about leading programmatic and institutional transformation?

But also, are the values and methods of LICs especially good for fostering relationships as the central driver of learning and does this have an impact on the learners and their career choices?

Specifically, the literature suggests that LICs may offer advantages for training in Psychiatry and related disciplines. This interactive workshop will provide participants the opportunity to delve deeply into the LIC model and its potential.

How to Develop a Pre-Clinical Team-Based Learning Session Utilizing VA Faculty and Clinicians
Theodore B. Feldmann MD, University of Louisville SOM
Connie N. Paynter MSW, Louisville VA Medical Center

Purpose: The purpose of this workshop is to provide a step-by-step description of the development of a team-based learning (TBL) exercise, utilizing VA faculty, for a core pre-clinical course. On April 10, 2012, a one-hour lecture and one-hour TBL session on Post-Traumatic Stress Disorder (PTSD) was presented in the Clinical Neuroscience Course, a required second-year course. This workshop describes: (1) the planning and development process for the TBL, and (2) the training sessions that were conducted with VA faculty. The model described in this workshop can be applied to any course and emphasizes the participation of faculty and clinicians not routinely involved in medical student education.

Rationale:
- LCME requirements mandate a reduction in lecture hours.
- Team-based learning (TBL) is an important alternative to
lecture-based instruction.

- From a faculty perspective TBL is labor intensive due to the time and number of faculty required; this is often an impediment to expanding TBL activities in clinical departments.
- VA faculty are often underutilized in medical student education. Increasing their participation in clinical and pre-clinical teaching allows greater use of non-lecture based instruction.
- The multidisciplinary composition of the MH&BSS provides an opportunity to give students an overview of mental health treatment systems, something they do not routinely receive.
- This workshop provides a “how to” approach for new clerkship and course directors.

**Objectives:** The objectives of this workshop are to:

- Discuss the planning and development of a TBL activity.
- Demonstrate for participants the development of training sessions on TBL for faculty and clinicians.
- Describe the recruitment of faculty for TBL sessions.
- Discuss the unique aspects of working with VA faculty and other faculty not routinely involved in medical student education e.g., administrative and logistical issues).
- Discuss the advantages and disadvantages of this model.
- Apply the principles discussed in this workshop to everyday learning experiences.

**Methods and Session Format**

- Brief presentation of what we did.
- Discussion with participants of their TBL experiences.
- Time for questions and discussion of what we did.
- Participants will divide into subgroups to develop ideas for TBL sessions and present them to the group

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**Maintaining Appropriate Professional Boundaries in the Coordinator Role: Are We a Friend, Confidant, Peer, Boss or Mother to Our Students?**

Melissa Jacob, Medical University of South Carolina  
Richard O’Neal MS, University of Central Florida  
Lindsey Allison BA, Wright State University Boonshoft SOM  
Jeffrey Cluver MD, Medical University of South Carolina  
Brenda Roman MD, Wright State University Boonshoft SOM  
Martin Klapheke MD, University of Central Florida

**Educational Objectives:** At the conclusion of this workshop participants will be able to:

1. Identify effective strategies to maintain appropriate professional boundaries with medical students.
2. Describe effective methods of communication with students in academic and social settings.
3. Develop a plan of action for maintaining professional boundaries when students are in crisis.
4. Compose a list of secondary resources and support systems to direct students to when their professional/personal issues or concerns escalate beyond an administrator's level.

**Rationale:** Medical student education administrators play an essential role in medical student education. There is significant variability in how administrators see themselves and define their relationship with medical students, and the nature of the position leads to a less formal relationship with students. As the first and most accessible point of contact for the students, administrators are likely to encounter any number of difficult situations and questions. Being able to triage questions and issues appropriately, while communicating effectively, allows an administrator to provide guidance to medical students while still maintaining professional boundaries. Additionally, with the increasing use of social media, administrators must consider how they will utilize these resources in their interactions with students, both professionally and personally.

**Description of Session:** The workshop will begin with introductory comments from the administrators and directors from three different institutions, focusing on strategies and guidelines that have proven to be effective for administrators in working with medical students. These will be described from the perspective of both the administrator and the clerkship/education director. Several scenarios will then be presented to the workshop participants, who will describe how they would approach the situation. In a third phase of the workshop, participants will have the opportunity to pose their own questions and receive feedback and advice from the workshop leaders and participants. Through the above interactions, workshop participants will be provided with guidelines to assist them with choosing the proper techniques to perform their job responsibilities, while staying within appropriate professional boundaries.

**Conclusion:** Working effectively while maintaining appropriate professional boundaries with medical students requires the development of knowledge and skills that should be explicitly taught and cultivated. This requires introspection, feedback, and collaboration with directors as well as other administrators. Knowing how to assess a situation and identify the proper responsive action can be a key component to a program’s and student’s success.
Fostering R.A.T.s II: Getting Through the Maze
Erin Malloy MD, University of North Carolina SOM
Kenan Penaskovic MD, University of North Carolina SOM
Herman Naftel MD, University of North Carolina SOM

The LCME and ACGME both formally mandate that resident preparation for teaching/evaluating medical students but do not formally outline this preparation. The challenges of patient care, administrative load, attention to work hours and culture related to medical student education in psychiatry training programs warrant innovative approaches to development of resident teaching skills as well as to assessment. Numerous validated assessment measures have been reviewed. The "OSTE" approach appears effective yet in some cases costly. The new RATs program at the UNC SOM was introduced, based on Lehmann's model. The pilot year of the UNC SOM RATs program was met with positive changes in terms of resident attitude toward teaching and in confidence in teaching skills. Additionally, preliminary comparative data on student ratings of resident teaching on clerkship evaluations suggests improvement in resident teaching. Key components of the program were the inventory of teaching opportunities for residents, tailoring the content of the RATs programs to identified teaching opportunities, and use of medical students in RATs sessions to encourage active learning among residents.

Objectives:
1. Identify core teaching skills to include in a RATs program based on teaching opportunities and challenges in teaching for residents
2. Discuss means of promoting active learning in development of RATs programs
3. List a means of measuring outcomes of the RATs programs and how such outcomes may be utilized in future RATs program development

Methods and Session Format:
The presenters will introduce the UNC SOM RATs program, focusing on incorporating active learning using standardized students. Discussion of selected outcomes measures and utilization of data will also be reviewed. Small groups will help participants to 1) select most useful areas to address in developing a RATs program; 2) generate ideas for incorporating active learning into the RATs program and 3) determine appropriate outcomes measures for a RATs program. Finally, small groups discuss their work and as a capstone we will engage volunteer participants in a mock RATs session with a psychiatry resident.

References:
1. Liaison Committee on Medical Education: Functions and Structure
of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. Washington, DC, LCME, 2010. Available at http://www.lcme.org/functions2010jun.pdf


Discussion Group I: Teaching Interviewing
From the Biomedical to the Biopsychosocial to the Integrated Model of Care: The Patient as a Person
Renata Rosenthal PhD, University of Tennessee HSC
G. Stephen Nace MD, University of Tennessee HSC

Rationale: Early experience can change the brain, affect the immune system, and affect disease risk and resilience. Eliciting personal information requires skill, tact, and empathy. Students go through the motions of learning to “show empathy” and “roll with resistance.” “Difficult patient encounters” are given their due. However, students are rarely challenged to talk to patients long enough to learn their life stories, let alone process the meaning of what they had learned. In the course of a major curriculum revision in the College of Medicine, the decision was made to embrace the “Integrated Science Model” as the overarching schema. It builds on the familiar biopsychosocial model, while explicitly extending it to the interaction with all of the other “hard” sciences basic to medicine. This model allows integration of learning about “The Patient as a Person” as a logical part of pre-clinical education.

Objectives: Participants will
1. Demonstrate how the Integrated Sciences Model can be used to promote discussion of psycho-social factors
2. Assess the challenges students face when asked to do a patient interview that is not diagnosis-driven
3. Describe how a modified TBL format can help students process the interview experience

Reference:
The Contribution of Good Intentions to Medical Error: The Seven Sins of Highly Effective Physicians
Julia Frank MD, George Washington University SOM
Objectives:
• Identify typical interview errors
• Articulate the value of teaching mentalization as an interview skill
Abstract: In generic medical interviewing, focus on mastering the details of either biomedical or descriptive psychiatric diagnosis often eclipses the underlying task of eliciting the full story of a patient’s illness, inspiring trust, and enhancing motivation for treatment or self care. Of equal concern, the standard medical interview and its psychiatric cousin, the rote biopsychosocial formulation, both contribute to systematic medical errors. In particular, students have great trouble recognizing and appropriately addressing psychiatric conditions (anxiety, depression and substance abuse) in medical patients. This presentation summarizes unsystematic observations of several hundred student/standardized medical patient interviews and related student generated biopsychosocial formulations. These observations lead to the paradoxical conclusion that certain conceptual errors result from good intentions and students’ mimicry of admired clinicians. Typical, well-intentioned interview errors include empathy, tactfulness, modesty, concern for efficiency, common sense, rationality, and reluctance to refer. Errors of formulation relate more specifically to students’ sympathy for patients and dualistic thinking. An explicit curricular emphasis on the value of mentalization as an interview skill may help reduce both mis- and missed diagnosis in general medical settings.

A Review of Student Interviews Through the Lens of Neuroscience and Self-Psychology
J. Jeffrey Means MDiv, PhD, Des Moines University College of Osteopathic Medicine
Abstract: This presentation summarizes common errors made by medical students in the process of learning how to conduct a good clinical interview. Findings are summarized from the observation of standardized patient encounters designed to teach motivational interviewing and basic psychiatric interview skills, and the observation of student performance in a patient simulation lab setting designed to teach clinical reasoning skills. Common errors made across these different training situations are identified, and the concepts of limbic attunement and self-object are presented as helpful in generating causal hypotheses for identified errors, as well as
possible solutions for consideration in teaching.

Objectives: At the conclusion of this presentation, attendees should be able to:
- Identify common interview errors made by medical students that negatively affect clinical assessment
- Describe the implications of these errors for interview training

References:

Wisdom in the Teaching of Psychiatric Interviewing
Mitchell Cohen MD, Thomas Jefferson University, Jefferson Medical College

Objectives
1. Review research on defining and measuring wisdom
2. Discuss how teaching can develop wisdom in learner
3. Describe the relevance of wisdom for teachers of interviewing
4. Learn brain regions associated with wisdom

Abstract: Wisdom is a uniquely human capacity, defined and valued throughout much of human history. Greek philosophers focused on the wisdom construct and core characteristics of wisdom are stable across cultures. Contemporary research demonstrates that wisdom can be understood as a neuropsychological entity, which can be measured and localized to specific functional brain regions. Wisdom is a broader construct than empathy, which it subsumes. Wisdom is a metacognitive capacity that can also be distinguished from intelligence and spirituality. Wisdom includes cognitive, reflective and affective components. High loading of wisdom is associated with ample practical knowledge, openness and comfort with uncertainty, and emotional balance and stability. Wisdom is also associated with altruism and human connectedness. Wisdom is highly relevant to training in psychiatric interviewing because wisdom: 1. Anchors interviewing in a highly valued capacity that shows lifelong growth; 2. emphasizes the need for interviewers’ affective grounding, fostering life-work balance and coping/adaptation skills in faculty and students; 3. requires self-awareness; 4. precludes pessimism and detachment in interviewing; and, 5. protects students from
burnout. This presentation updates the wisdom construct and argues that the teaching and art of psychiatric interviewing specifically draw on wisdom’s metacognitive capacities and supporting brain regions. In teaching interviewing it is important to approach individual components of wisdom like empathy and communication skills. At the same time, however, the unifying construct of wisdom integrates these components with essential attitudes and actions. Wisdom should not be forgotten.

References:
High Fidelity Simulation in a Psychopathology Course: Yes, You Can!
Anthony Gale MD, Wright State University Boonshoft SOM
Brenda Roman MD, Wright State University Boonshoft SOM

Educational Objectives: At the end of this presentation, the participants will:
1. Define the appropriate role of technology in developing simulation based education modules in a psychopathology course.
2. Discuss the potential benefits of simulation as a medical education strategy.
3. Analyze curricular learning objectives to determine those that might be better accomplished with simulation.

Background: High fidelity simulation is an interactive instructional strategy which helps approach the “perfect practice” environment by using real equipment and supplies along with realistic task trainer modules and computerized, full-body mannequins controlled by an operator on a remote computer. Such simulation has been used in procedure oriented residency training programs for several years, and is increasingly used in medical student education. However, to date, there has been little adoption in psychopathology courses or psychiatry clerkships.

Description: This oral presentation will describe the integration of a high-fidelity simulation experience for preclinical students in a psychopathology course. Course evaluation data will be shared, as well as the analysis of final exam questions on the subject area (opiate overdose and treatment) to determine whether the simulation resulted in a higher level of understanding of that content, compared to data from previous years examinations in which more conventional methods of content delivery were utilized.

Conclusion: High-fidelity simulation can be effective adopted to meet at least some of the learning objectives in a psychopathology course.

References:

An Innovative Integrated Addiction Medicine Curriculum
Lisa Fore-Arcand EdD, Eastern Virginia Medical School
Kathleen Stack MD, Eastern Virginia Medical School
Gregory Briscoe MD, Eastern Virginia Medical School

Rationale: Experts in addiction recognize alcoholism as a chronic, complex, but treatable brain disease with a course similar to other chronic diseases such as hypertension,
Yet treatment of addictions does not receive similar emphasis. Researchers have suggested that this group’s health care need is the number one public health problem facing the United States. These facts have yet to translate into improved medical care for this population for a variety of reasons. Although addiction is identified, it is rarely addressed. Trainees’ positive regard of those with addictions has been shown to decline over the years of their training. Yet, when trainees have positive experiences in the treatment of addictions, their attitude of the effectiveness of treatment and regard for those with the illness also improves. The educational changes needed to help improve the treatment of those with addictive disorders are challenging. Didactic and clinical time in the medical school curriculum is difficult to obtain and is frequently challenged by competing priorities. Eastern Virginia Medical School (EVMS) revised its curriculum in addiction medicine with the goal of improving medical student education in addiction.

Objectives: At the end of this presentation, participants should be able to:
1. Discuss appropriate goals, objectives and strategies for teaching addiction medicine in an integrated curriculum model.
2. Identify methods for assessment of addiction medicine education.
3. Recognize student identified benefits to the use of AA/NA as a learning resource in addiction medicine education.

Methods: The Addiction Medicine Curriculum was updated in 2000 to be integrated throughout the four years of medical school. Prior to this change Addiction Medicine education consisted of a one week rotation in the fourth year of medical school. Addiction Medicine learning objectives were integrated in M-1 and M-2 courses and a patient log requirement added to the M-3 Clerkship year. An Addiction Medicine component of the M-4 Clinical Skills Assessment (CSA) was added as a measure of competence. If students do not obtain a passing grade on this assessment they are required to complete a one week Addiction Medicine rotation in an inpatient treatment facility and write a paper after reading several articles on the subject.

References:


An Innovative Addictions Curriculum Enhances
Student Ratings on Psychiatry
Robert Averbuch MD, University of Florida SOM

Background: Research has shown that most primary care physicians lack competency in the detection and management of addictive disorders. Contributing to the problem is a lack of adequate addiction training at the undergraduate medical school level. Negative attitudes about substance abuse are too often perpetuated in the medical community and contribute to improper identification and treatment of addiction. Clearly, curricular reform is warranted.

Method: This study was designed to assess the impact of replacing two weeks of general psychiatry with a required clinical experience in addictions during the 6-week psychiatry clerkship at UF COM. Students were assigned to one of two
addiction services: an inpatient VA detoxification unit, and a state of the art rehabilitation program at a privately owned, university run facility. At the conclusion of each rotation, students participated in a 1-hour debriefing and completed anonymous course evaluations online.

Results: Contrary to initial concerns, course ratings improved, climbing from a mean of 4.1 in the 2004-05 academic year, to a mean of 4.6 in 2007-08 for the clerkship overall. During the same period, student ratings of their preparedness for dealing with psychiatric problems in the primary care setting improved as well.

Conclusions: The addition of a 2-week clinical experience in addiction to a psychiatry clerkship did not adversely affect overall course ratings and may have improved student perception of their ability to manage common psychiatric problems in the primary care setting.

Objectives: At the conclusion of this presentation, the participant should be able to:

1. Recognize the need for adequate experience in addictions on a Psychiatry Clerkship
2. Describe 3 advantages of adding an in vivo addictions exposure to the MS3 clerkship curriculum
3. Describe the most common themes in student feedback from an addictions experience

References
DSM-5 Updates
Darrel Regier MD, American Psychiatric Association

Release of DSM-5 marks the first major revision to the classification of and diagnostic criteria for mental disorders since DSM-IV was released in 1994. The focus of this presentation is to describe changes in DSM-5 likely to be of greatest relevance to medical students, including diagnosis-specific changes in criteria of disorders of high importance to general medicine (e.g., somatic symptom and related disorders, depressive and bipolar disorders, anxiety disorders) as well as manual-wide changes (e.g., revised chapter ordering, use of dimensional assessments, greater interface with non-psychiatry medicine and with the ICD classification). To clarify the underlying need and rationale behind proposed revisions, the conceptual framework for DSM-5 will be discussed briefly, including perceived flaws with the DSM-IV system. Finally, outcomes from the DSM-5 Field Trials will help demonstrate how the proposed changes are anticipated to impact patients and clinicians (e.g., inclusion of dimensional symptom measures). The primary goal of DSM-5 is to provide an approach to diagnosis that better reflects the latest advancements in neuroscience and psychiatry while preserving clinical utility, feasibility, and reliability.

Learning Objectives: At the end of this presentation, audiences will be able to:

- Summarize the notable changes from DSM-IV to DSM-5
- Provide examples of how DSM-5 attempts to improve the diagnosis of mental disorders by non-psychiatry physicians
- Discuss how findings from the DSM-5 Field Trials informed decision-making about DSM-5 revisions, and how those specific revisions might impact patient care
Strategies for Management of Change in Psychiatric Education
Theodore Feldmann MD, University of Louisville SOM
Kathy Vincent MD, University of Louisville SOM

Abstract: Academic departments of psychiatry are experiencing unprecedented changes that are difficult and challenging for faculty and administrators. These changes include a rapidly expanding knowledge base, a multitude of financial issues that impact the funding of departmental activities, and a host of ever-changing requirements for residency training and medical student education. Psychiatric educators are directly impacted by these changes as we struggle with the dilemma of finding adequate time and money to support educational activities. The interaction of educational and financial issues leads to a common perception that academic psychiatry is in a constant state of flux. Change is experienced as stressful under the best of circumstances. When change in education intersects with mounting financial pressure, change can be perceived as overwhelming and unmanageable.

Purpose: This presentation examines the sources of change impacting psychiatric education and discusses strategies to deal with change.

Objectives:
- Discuss the changes that are currently affecting academic departments of psychiatry and their educational mission;
- Discuss the impact of change on organizations;
- Examine the barriers to dealing with change effectively;
- Develop strategies for effective management of change; and
- Present a model for dealing with change in psychiatric education.

References:
The Good, the Bad, and the Ugly: Implementing Team-Based Learning via Teleconferencing to Branch Clerkship Sites

Kenan Penaskovic MD, University of North Carolina SOM
Erin Malloy MD, University of North Carolina SOM
Katie Smith, University of North Carolina SOM

Rationale: The Liaison Committee on Medical Education has stated in its educational objective, ED-8, that “The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.”¹ Team-based learning has shown promising evidence that its use potentially enhances medical students’ education during their psychiatry clerkship.² If team-based learning is as beneficial as the preliminary data suggests, one challenge facing schools will be implementing TBL to branch clerkship sites. As compared to traditional team-based learning, the videoconferencing system introduced a variety of logistical and technologic barriers that required significant planning and creative solutions. The change has been frustrating yet rewarding for the students, faculty, and directors. While numbers are small (80 students to date), the use of teleconferenced team-based learning has helped increase national board of medical examiners clerkship scores from the 64 percentile (2008-11) to the 77 percentile (2012). Branch sites saw particular improvements. However, teleconferenced TBL has had a minimal and sometimes negative impact on overall clerkship evaluations at times. Reviewing this initiative will serve as a launching point to the interactive discussion of the larger challenge of providing a “comparable educational experience” to branch sites.

Objectives:
1. The learner will be able to compare traditional team-based learning versus teleconferenced team-based learning modules.
2. The learner will be able to identify potential barriers, solutions, and technology required for teleconferenced TBL to address distance learning.
3. The learner will be able to appraise if teleconferenced team-based learning is a model that could be utilized at his or her medical school.

References:
1. Liaison Committee on Medical Education: Functions and Structure of a Medical School: “Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. Liaison Committee on Medical Education. May 2012.
Working Collaboratively with your Residency Training Director to Enhance Medical Student Education: Moving Beyond Residents as Teachers

Jeffrey Cluver MD, Medical University of South Carolina
Sarah Johnson MD, MSc, University of Louisville SOM
Rebecca Tamas MD, University of Louisville SOM
Melissa Jacob, Medical University of South Carolina

Educational Objectives: At the conclusion of this workshop participants will be able to:
1. Describe effective strategies to engage residency directors in medical student education, both directly and by way of resident involvement in educational activities.
2. Identify effective approaches to work collaboratively with residency directors towards mutually beneficial goals (LCME and ACGME accreditation, developing residents as teachers, etc.).

Rationale: Residency directors play an essential role in medical student education. Through the administration of the residency program and overall direction provided to the residents regarding goals, objectives and responsibilities, the residency director has a multifaceted impact on the lives of medical students and their education, especially in the clinical years. Both the ACGME and LCME emphasize the importance of residents as teachers, and developing residents as teachers is a popular topic for discussions, presentations and articles on the interface between residents and medical student education. A more comprehensive approach to involving residency training directors and their residents provides mutual benefit to the education and training programs of an institution.

Description of Session: This workshop will explore several strategies that have been effectively employed at the Medical University of South Carolina and the University of Louisville to develop a synergistic relationship between residency directors and medical student educators. After a brief description of these strategies we will utilize an audience response system to poll the audience regarding their experience at their own institutions, related to the relationships and conjoint activities and planning between medical student and resident education programs. Specifically workshop participants will be polled about residents as teachers programs, the role residents have on medical student education committees, the ability of residents to participate as examiners for OSCEs and related activities, residents delivering didactic lectures and leading small groups, chief residents for education, resident and residency director involvement in recruitment and
mentorship programs, and having faculty with leadership roles in both educational programs. After polling the audience in each category, workshop attendees will be led in a discussion in order to share best practices.

**Conclusion:** It is widely recognized that a healthy relationship between residency training directors and medical student educators is important to the success of a department’s educational mission. This workshop will discuss and synthesize best practices by using the group leader’s and participants’ experiences.

The goal for each participant will be to develop an action plan that they can take back to their home institution.

**Education Gap:** Much of the work that has been done on the interface between residency training programs and medical student education focuses on residents as teachers, especially in the clinical setting. While this is a critical facet of engaging residency directors and residents in medical student education, there is a lack of resources, materials and literature that address additional opportunities and strategies that have a positive impact on the education of medical students and training of psychiatry residents.

**References:**

1. Balon R et al. Richness and Creativity in Medical Student Education in Psychiatry. Acad Psychiatry 2012;36:159-162

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**Academic Leadership: What You Are Doing Now May Not Get You Where You Want to Be**

Brenda Roman MD, Wright State University Boonshoft SOM
Karin Esposito MD, PhD, Herbert Wetheim COM Florida International University
Darlene Shaw PhD, Medical University of South Carolina

**Educational Objectives:** At the end of this presentation, the participants will:

1. Develop and present their leadership vision
2. Outline opportunities for pursuing their leadership vision
3. Identify mentors/networks that may be helpful in pursuing their leadership vision

**Background:** Most medical student educators, clerkship directors and directors of medical student education arrive in their roles with little formal education on teaching; likewise, most academic leaders have had little formal education on leading medical schools, departments, programs, etc. Instead, our medical culture depends on highly motivated individuals to largely “figure it out themselves.” Regardless of the
ultimate career goals, all educators function as leaders as they work with colleagues, interdisciplinary teams, and students to create quality educational products. Defining personal leadership goals and identifying skills needed to reach desired goals can allow educators to consider next steps in their careers as leaders.

**Description:** The workshop will begin with a brief overview of the concept of “total leadership” and the “four-way win,” as articulated by Stewart Friedman at the Wharton School of Business. An ice-breaker exercise using the Center for Creative Leadership’s “Visual Explorer” materials will allow participants to clarify their ideas about leadership and transition into small groups. Participants will then spend 10-15 minutes drafting their leadership vision and another 15-20 minutes sharing those visions within their groups. Resources will then be identified and shared in a small-to-large group exercise. Participants who are willing to share their thoughts and vision with the larger group will be encouraged to do so. All participants will be able to identify next steps toward achieving their leadership visions.

**Conclusion:** Participants will develop greater clarity regarding their leadership goals, realizing the value of setting aside time to develop a leadership vision and identifying resources that can help them achieve their goals.

**References:**

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**The Bigger Picture: Creating an Outpatient Psychiatry Clerkship Experience**

Abigail Kay MD, MA, Thomas Jefferson University Hospital
Mitchell Cohen MD, Thomas Jefferson University, Jefferson Medical School

In the psychiatry clerkship, medical students often experience psychiatry only in the inpatient setting, denying them the opportunity to gain a broader view of our specialty. With the upcoming implementation of the Affordable Healthcare Act, psychiatrists will play a key role as “medical neighbors” in helping our primary care colleagues reach mandated outcome goals. Although only a subset of students choose careers in psychiatry, it is crucial that all students have an understanding of what psychiatrists offer patients, both in the inpatient, as well as outpatient setting. In order to provide superior care to their patients, primary care colleagues need training exposure
to outpatient psychiatry, where they will be referring the majority of their patients that could benefit from psychiatric care.

**Session Description:** In this workshop we will present outpatient options we have created for our third year clerkship, as well as innovative ideas for offering outpatient experiences for all students. We will describe the development of our new outpatient psychopharmacology program. We will discuss multiple challenges that arose in the process, including learning objectives, supervision (including the use of video monitoring), grading, documentation, and billing. With the use of video monitors, multiple students can be observed directly while interviewing patients. We discuss use of these observations for educational and for documentation purposes. Insurance regulations, especially Medicare, create challenges integrating medical students in the outpatient setting. We will specifically address what data medical students can collect and document within these regulations, as well as how to bill appropriately for services. We will include an interactive session in which participants will experience the medical student’s role through the use of interview templates and pharmacology worksheets that are used by medical students in our program as well as practice giving students feedback based on their video interviews.

**Using Reflective Writing to Increase Empathy in Medical Students**

Sergio Hernandez MD, University at Buffalo, State University of New York

**Rationale:** Medical students are often under enormous pressure to quickly interview patients, but very little time is afforded to allow them to think about the interactions with the patient and their own feelings during that process. This can lead to a lack of empathy, awareness of the patient’s perspective, or awareness of their own feelings towards the patient. To address this issue, students were asked to reflect on their own feelings and thoughts during the interview with the patient and write them down to be submitted to the inpatient attending. The writing is then reviewed privately with the student and the content is discussed.

**Objectives:** Participants at the end of this session will be able to:

- Describe barriers students face in exploring their own feelings while interviewing patients.
- State how reflective writing can be used to allow students to explore feelings they experience while interviewing.
- State how these writing assignments can help to increase
empathy.

Methods and Session Format: The session will describe the writing assignments completed by students. Examples of some of the writings will be shown. In addition, themes that arose in individual discussion which were pertinent to the development of empathy will also be discussed. Surveys completed by students describing their own experience with the exercise will be presented.
In the Beginning….Developing a Powerful Research Question
Cathie Lewis MD, University of Connecticut

**Educational Objectives:** At the end of the session, the participants will be able to:
1. Describe each component of FINER and discuss how it is helpful in research
2. Identify two pitfalls in developing a research question
3. Discuss three qualities of a good research question

**Background:** Educational research is increasingly important in assessing new innovations in medical student teaching. Despite this, there is often little formal guidance in how to perform educational research. Beginning with a good research question is critical to getting published and contributing valuable information to the field. Good questions that are well thought out rarely occur spontaneously and ability to perform research is not an innate skill.

**Description:** This workshop will begin with a review of challenges in developing a research question. It will then address the steps to ensure the research question is a good one and the core qualities of a good research question. Pitfalls in the process of developing a research question and indeed in performing educational research will be discussed. Ideally, but by no means mandatory to the session, the participants might consider bringing their own potential questions for discussion. The session will be highly interactive, with the author using some of her own excellent and far from excellent questions as examples. The session is appropriate for anyone at any level interested in educational research.

**Conclusion:** Educational research is important and the development of a meaningful research question a critical first step in a successful research process.

**References:**

The Good, the Bad, and the Ugly: Implementing Team-Based Learning via Teleconferencing to Branch Clerkship Sites
Kenan Penaskovic MD, University of North Carolina SOM
Erin Malloy MD, University of North Carolina SOM
Katie Smith, University of North Carolina SOM

**Rationale:** The Liaison Committee on Medical Education has stated in its educational objective, ED-8, that "The curriculum of a medical education program must include comparable
educational experiences and equivalent methods of assessment across all instructional sites within a given discipline. Team-based learning has shown promising evidence that its use potentially enhances medical students’ education during their psychiatry clerkship. If team-based learning is as beneficial as the preliminary data suggests, one challenge facing schools will be implementing TBL to branch clerkship sites. As compared to traditional team-based learning, the videoconferencing system introduced a variety of logistical and technologic barriers that required significant planning and creative solutions. The change has been frustrating yet rewarding for the students, faculty, and directors. While numbers are small (80 students to date), the use of teleconferenced team-based learning has helped increase national board of medical examiners clerkship scores from the 64 percentile (2008-11) to the 77 percentile (2012). Branch sites saw particular improvements. However, teleconferenced TBL has had a minimal and sometimes negative impact on overall clerkship evaluations at times. Reviewing this initiative will serve as a launching point to the interactive discussion of the larger challenge of providing a “comparable educational experience” to branch sites.

Objectives: At the end of this session, the learner will be able to:
1. Compare traditional team-based learning versus teleconferenced team-based learning modules.
2. Identify potential barriers, solutions, and technology required for teleconferenced TBL to address distance learning.
3. Appraise if teleconferenced team-based learning is a model that could be utilized at his or her medical school.

Methods and Session Format:
Part I: (The UNC experiment) 45 minutes - Speakers will review UNC’s experience with teleconferenced TBL including NBME scores, innovative technology, and frustrations with teleconferenced TBL.
Part II: (Translating to your school of medicine) 45 minutes - The audience will be divided into small groups to discuss the challenging topic of providing a comparable educational experience to branch sites. The audience will reconvene as a large group as the speakers facilitate an interactive discussion on managing branch sites.

References:
1. Liaison Committee on Medical Education: Functions and Structure of a Medical School: “Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. Liaison Committee on Medical Education. May 2012.

Psychiatry Clinical Simulation Initiative Teaching Modules for Medical Students: Demonstration of New Modules for 2013
Sarah Johnson MD, MSc, University of Louisville SOM
Adriana Foster MD, Medical College of Georgia
Martin Klapheke MD, University of Central Florida
Teresa Johnson MD, University of Central Florida
Howard Liu MD, University of Nebraska COM
Michael Marangelo MD, University of Chicago
Jeffrey Cluver MD, Medical University of South Carolina
S. Taylor Williams MD, University of Tennessee HSC
Renate Rosenthal MD, University of Tennessee HSC
Matthew Palmeira MD, University of Central Florida
Hendry Ton MD, University of California-Davis
Raed Hawa MD, University Health Network
Bernard Davidson PhD, MSW, Medical College of Georgia

Objective: Participants will have the opportunity to assess new learning modules in Psychiatry for medical students and propose improvements of the learning modules.

Background: The Computer Simulation Initiative (CSI) was developed in 2010 to create a free national database of online psychiatry teaching cases. CSI aims to develop peer-reviewed, web-based learning modules for use in Psychiatric education. The goal of this Initiative is to provide a free national database with comprehensive coverage of the Psychiatric Disorders addressed in the Clinical Learning Objectives Guide for Psychiatry Education endorsed by the ADMSEP membership. So far, 3 modules 1,2,3 are published on MedEdPortal, 3 others have been reviewed by an internal ADMSEP Editorial Board, 5 others are awaiting review or are in preparation. After online publication, the modules will be periodically reviewed and updated.

Discussion: The CSI Task Force now presents a third set of modules for review by the ADMSEP membership including: Opiate Withdrawal and Dependence, Alcohol Withdrawal and Dependence, and Adjustment Disorder (additional modules may be added as they become available for review)

Evaluation: Workstations will be available at the 2013 ADMSEP conference for the membership to review this new set of modules for medical student education. Feedback from this national group of educators in Psychiatry will be used to further improve the modules.

Conclusion: Feedback from the ADMSEP membership, an
editorial board and student and faculty surveys will be used to further revise this new set of modules before submission for online publication as part of a free database for use in Psychiatry curricula nationwide.

References:

Who Writes Textbooks Anymore?
Julia Frank MD, George Washington University SOM
Dean MacKinnon MD, Johns Hopkins Medical Institutes
Janis Cutler MD, Columbia University College of Physicians

Objectives: At the end of this session, participants will be able to 1) articulate the value and limitations of textbooks in medical education, 2) identify novel resources for teaching behavioral sciences and psychopathology, and 3) compare three texts offering different perspectives on psychiatry education.

Rationale: The widespread availability of online resources like psychoinfo and apaonline and the anticipated changes of DSM 5 challenge the use of textbooks in medical education. Though textbooks cannot keep up with rapidly changing science, they do present knowledge efficiently, synthetically and concisely and create a shared basis for discussion. In psychiatry education, they also provide a forum in which to discuss the limitations of the dominant descriptive approach, restoring integrity to the task of teaching material that does not fully represent the knowledge crucial to sound practice.

Methods and Session Format: Julia Frank, an associate editor of The Behavioral Sciences and Health Care, will bring copies of the book to the session. She will ask participants to answer questions that illustrate how the text reconciles descriptive psychopathology with evolutionary principles of normal and abnormal human behavior, explicitly bridging DSM IV and 5 (20 minutes). Dean MacKinnon, author of Trouble in Mind (20 minutes), will discuss how his work places phenomena of mental illness within an integrative model of brain, mind, and behavior and advocates a problem-based rather than diagnosis-based approach to patients (20 minutes). Janis Cutler, co-editor of Psychiatry, will discuss creating a book that represents a coherent point of view over which faculty responsible for both pre-clinical and clinical education may take ownership. The audience will then share their own views of why they choose to use or not use these and other textbooks in psychiatric education (30 minutes).

References:
The Next Generation: Trends, Factors and Success Stories in Recruiting Medical Students into Psychiatry

John Spollen III MD, University of Arkansas for Medical Sciences
Francis Lu MD, University of California Davis
Vilma McCarthy MD, University of Puerto Rico
Linda Pessar MD, University at Buffalo, State University of New York
Robert Rohrbaugh MD, Yale University
Debbie Hales MD, American Psychiatric Association

Psychiatry is a shortage specialty, with critical shortages in general as well as child and adolescent psychiatry. According to the resident census data from the American Psychiatric Association (APA), the percentage of students entering psychiatry residencies upon graduation from US allopathic medical schools since 2005 ranges from 1.7% to over 10%, indicating substantial differences in recruitment rates among allopathic medical schools. Knowledge of which factors are associated with higher recruitment rates may assist in developing strategies to increase recruitment of medical students into psychiatry. Previous reports have listed potentially relevant factors, including graduating student debt, annual tuition for in-state students, percentage of international medical graduates in the school’s psychiatry residency program, perceived strength of the department compared with other departments in the school and whether the behavioral science or clerkship director was the recipient of a teaching award.

A collaborative effort between the Division of Education at APA and the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) has begun to further evaluate potentially important factors. Education leaders in medical student education in psychiatry were surveyed concerning various factors that could be important such as curriculum, educational leadership, presence of anti-psychiatry stigma, and existence of a student interest group and related organized recruitment. The relationship between psychiatry recruitment rates and survey results and other publicly available data will be presented.

Despite year-to-year variability in recruitment rates, there are number of medical schools that consistently are among the top recruiting LCME-accredited medical schools. Learning from their successful efforts may provide valuable information for improving curricula as well as educational leadership, culture and climate factors that may influence recruiting rates. Some schools have undertaken specific recruitment efforts such as mentoring programs that may bridge the gap.
between initial interest and career choice. Development of an active student interest group affiliated with the Psychiatry Student Interest Group Network (PsychSIGN) may provide additional venues for incubating early psychiatry interest. This plenary will provide participants with an overview of factors that may be important in recruiting medical students into psychiatry and provide some examples of efforts that may have positively influenced recruitment rates at successful medical schools.

References:
1. Recent Studies and Reports on Physician Shortages in the US. AAMC, August 2011.
1. **The Objective Structured Clinical Exam in Psychiatry: Correlation with Clinical Performance and the National Subject Exam in Psychiatry**
   
   **Michael Marcangelo MD, University of Chicago; Daisy Nie BA, University of Chicago**
   
   **Background:** The University of Chicago Pritzker School of Medicine began to incorporate an objective structured clinical exam into the psychiatry clerkship recently. **Purpose:** The objective structured clinical exam measures a student's ability to conduct and interview and reason through psychiatric cases. This is thought to measure different skills than the national subject exam and to reinforce the clinical evaluation. If the exam does not provide novel insight about student performance, it may not justify the time and expense put into administering an average of 20 exams a month. **Methods:** Retrospective evaluation of three years worth of student evaluations in psychiatry. All of the students have attended the Pritzker School of Medicine at University of Chicago. The outcome measures include student's clinical evaluations, their performance on the national subject exam in psychiatry, and their performance on the objective structured clinical exam. **Results:** The data has yet to be analyzed but will be by the time of the meeting. Comparisons will include those between the overall clinical evaluation, sub-sections related to interviewing skills and professionalism, and their performance on the national exam. Also, student selection to AOA will be included as another possible predictor of performance on the objective structured clinical exam. **Conclusions:** Will follow the results and include possible suggestions about the ways in which the exam can be used to strengthen student evaluation in psychiatry.

2. **Psychiatry Residents as Tutors: Enhancing the role of Residents as Medical Student Educators**
   
   **Alastair McKean MD, Mayo Clinic; Brian Palmer MD, Mayo Clinic**
   
   **Background:** Psychiatry residents have a formative role in medical students’ academic development. To improve the potential of this educational dyad we envisioned the resident taking the role of tutor. Tutorials are small group learning environments that facilitate rapid assessment of knowledge deficits and dissemination of material within the confines of an intimate learning environment. **Purpose:** To explore the viability of resident led tutorial based learning in the psychiatry clerkship. **Methods:** We constructed a series of tutorials for cohorts of three to five medical students led by a consistent tutor (PGY3-5) for an hour three days a week. Six tutorials on core psychiatric topics were given: anxiety, mood, psychotic, cognitive and substance use disorders as well as a module on child and adolescent mental health. Tutorials were comprised of a two part clinical vignette. Medical students were led through these cases in a knowledge sharing and exploratory fashion by their tutor who facilitated exposure to relevant epidemiology, comorbidity, biology, differential diagnosis and treatment. **Results:** Assessing the success of knowledge acquisition was undertaken with a fifty item multiple choice exam administered at the beginning and end of the clerkship. The mean result of students on their initial exam was 69.1% (SD=8.1%) and 83.7% (SD=9.6%) on their terminal exam (p<0.001). **Conclusion:** There was a statistically significant improvement in test score outcomes. Data collection is ongoing and future markers of benefit are being examined. This will include assessing changes in student satisfaction with the clerkship as well as changes in NBME psychiatry shelf exam scores following the implementation of the tutorials. Team based learning has shown to be a highly effective clinical clerkship learning method, preliminary evidence so far indicates that tutorials can also create an efficient and intensive environment for learning that encourages curiosity and allows for rapid diffusion of information.

**References**

3. A Multi-Institutional Study to Validate Student and Faculty Surveys for Psychiatry Clinical Simulation (CSI) Initiative Teaching Modules

Adriana Foster MD, Medical College of Georgia; Martin Klapheke MD, University of Central Florida; Teresa Johnson PhD, University of Central Florida; Howard Liu MD, University of Nebraska Medical Center; Michael Marcangelo MD, University of Chicago; Jeffrey Cluver MD, Medical University of South Carolina; Sarah Johnson MD, MSc, University of Louisville; S. Taylor Williams MD, University of Tennessee; Renate Rosenthal PhD, University of Tennessee; Matthew Palmeira MD, University of Central Florida; Bernard Davidson PhD; Medical College of Georgia

Participants will be able to describe:
- The development process for CSI module surveys
- Modules’ impact on students’ knowledge
- Student and faculty satisfaction with the CSI modules

Background: The CSI was developed in 2010 to create a free national database of online psychiatry teaching cases. So far, 3 modules 1,2,3 are published on MedEdPortal, 3 others have been reviewed by an ADMSEP Editorial Board, 5 others are in preparation or awaiting review. It thus becomes imperative to validate evaluation tools for this free psychiatry teaching module national databank.

Aims: 1) To validate the faculty and student surveys; 2) To gather data about the students’ and faculty’s satisfaction with the modules; 3) To obtain preliminary data on the modules’ impact on students’ knowledge by using a pre- and post-survey format.

Methods: We revised the surveys based on feedback from the taskforce members, a statistician, and faculty and student focus groups. In our 2012-13 multi-institutional study we will collect data at Georgia Health Sciences University, Universities of Central Florida, Louisville, Tennessee, Nebraska Medical Center, Chicago and Medical University of South Carolina. The faculty-survey includes educational, general feedback areas and demographics, while the student-instrument includes a pre-survey questions about familiarity with and knowledge about the disorder and a 19-item post survey knowledge, general feedback and demographics questions, graded on a 5-point scale.

Results: Our 2011-12 pilot data4, shows a mean faculty satisfaction of 5.43-6.50, while students rated the modules at 4.40-5.92 on a 7-point scale. The student survey had good internal validity (Cronbach’s alpha 0.64 to 0.92) but the faculty surveys’ validity needs significant improvement. 2012-13 results are currently being collected.

Conclusions: We have the potential to develop a validated instrument that can be adapted to collect feedback about any similar teaching tools.

Funding: Pilot grant awarded to Martin Klapheke at the University of Central Florida; support from the Psychiatry Departments at 6 other schools.

References:

4. Attitudes of Medical Students Towards Patients with Substance Abuse Disorders During Clinical and Preclinical Years - Does Education Make a Difference?

Anthony Gale MD, Wright State University Boonshoft SOM; Jason West DO, Wright State University Boonshoft SOM; Brenda Roman MD, Wright State University Boonshoft SOM; Nicole Borges PhD, Wright State University Boonshoft SOM

Objectives: After viewing this poster presentation, participants will be able to: 1. Describe differences in attitudes between pre-clinical medical students who have or have not had a psychiatric
psychopathology course; and 2. Describe differences in attitudes between 3rd year medical students who have or have not completed a psychiatric clerkship. **Background:** Few recent studies have examined medical student attitudes towards patients with substance abuse disorders. To this writer’s knowledge, no recent studies have examined such attitudes of American medical students who have been exposed to a broad psychiatric patient population. **Purpose:** The purpose of this study is to determine if attitudes towards patients with substance abuse disorders differ among medical students with varying degrees of pre-clinical and clinical experience. **Description:** First, Second, and Third year medical students at Wright State University will be asked to complete a voluntary questionnaire assessing attitudes towards patients with substance abuse disorders. The questionnaire, which will include demographic information of students, will be completed in February 2013 and measured on a Likert scale. By this time, approximately half of third year medical students will have completed a psychiatric clerkship. Second year students will have completed additional pre-clinical psychiatric coursework compared to first year students. Statistical analysis will assess for differences between 4 groups: first year students, second year student, third year students prior to psychiatric clerkship, and third year student following psychiatric clerkship. **Conclusions:** Data will be analyzed. Conclusions and recommendations will be presented based on this data. Anticipation is that medical student attitudes will change with varying degrees of preclinical and clinical educational experience.

References:

**5. Attitudes of Current Medical Students toward Psychiatry**
Meredith Weiss MD, Montefiore Medical Center of the Albert Einstein COM; Meredith Weiss MD, Montefiore Medical Center of the Albert Einstein COM; Audrey Walker MD, Montefiore Medical Center of the Albert Einstein COM

**Background:** Despite recent advancements in the field of psychiatry and widespread media coverage of psychiatry-related topics, the selection of psychiatry residencies by US medical student graduates remains low and appears to be decreasing. One reason for this finding, as presented in a recent Psychiatric News article, is that “the medical student clerkship experience is inadequate to convey to young people what is attractive and interesting about psychiatry.”

**Purpose:** The authors aim to study the effect of the psychiatry clerkship on the views and attitudes toward psychiatry among 3rd and 4th year medical students at the Albert Einstein College of Medicine (AECOM). The authors intend to use the data collected from this study to determine which areas of the psychiatry clerkship require improvement with the goal to recruit more medical students into the field of psychiatry.

**Methods:** The previously validated ATP-30 Likert-type scale was used to measure medical students’ views towards the field of psychiatry. Third and fourth year medical students completed the scale anonymously during the group orientation to the psychiatry clerkship (pre-rotation) and again at the completion of the 6-week rotation (post-rotation). Data from the pre-rotation and post-rotation questionnaires were numerically coded and analyzed.

**6. Teaching and Conceptualization of Melancholic Depression among Medical Students: A Multicenter Study**
Nutan Vaidya MD, Rosalind Franklin University

**Background:** Regardless of their specialty as medical students will be treating a large number of patients who have depression. Although teaching about mood disorder is required in all medical
schools, ACGME or LCME do not dictate the content. It is up to the faculty to determine the content. NAV conducted the only study documenting the extent of teaching of and faculty notions about melancholic concept and found that seventy-five percent (n=162) of responders believed melancholia has distinct phenomenology, and 71% (n=153) think that treatment response is distinct from other depression. Only 55% (n=119) think it has distinct pathophysiology. As a follow up we wanted to understand students' understanding of melancholic depression. We hypothesized that 1) Despite of educator's understanding of this disorder majority of medical students will not recognize melancholia as distinct syndrome and will respond consistent with DSM's description. **Method:** In order to include representative samples we surveyed five US medical schools representing Eastern, Midwestern, Southern, and Western region. After IRB approval at each institution medical students in their psychiatry were asked to complete an anonymous survey designed by the PI. Students were asked to complete this survey during the last week of their clerkship. Each co investigator collected the survey and mailed it to the PI either electronically or by regular mail. **Results:** Two hundred and seventy seven students completed the survey. Ninety two percent (257) of student endorsed being taught specifically about melancholic depression. Seventy seven percent (201) believed that melancholia was distinct syndrome but only 35% (92) believed there is a distinct pathophysiology. Forty one % of students were not taught about importance of catatonic symptoms in melancholic depression. **Conclusion:** Medical students from six medical schools across U.S. were specifically taught about Melancholic depression as a distinct entity however they were not taught about a distinct physiology or importance of catatonic symptoms. These findings are similar to what we found in an earlier survey suggesting that medical students' perceptions about depression are being shaped by their teachers' perceptions.

7. **Attitudes of Medical Students Towards the Suicidal Patient during Clinical and Preclinical Years - Can I Help These Patients?**

Jason West DO, Wright State University Boonshoft SOM; Anthony Gale MD, Wright State University Boonshoft SOM; Brenda Roman MD, Wright State University Boonshoft SOM; Nicole Borges PhD, Wright State University Boonshoft SOM

**Objectives:** After viewing this presentation, participants will be able to: 1. Describe the differences in attitude between pre-clinical medical students who have taken a psychiatric psychology course and those who have not; and 2. Describe the differences in attitude between 3rd year medical students who have completed a psychiatric clerkship and those who have not. **Background:** There has been only one study in recent years to examine the attitudes of medical students toward the suicidal patient. The one prior study was conducted in Stockholm, Sweden and reviewed the attitudes of Swedish and international students attending Karolinska Institute. To this writer's knowledge, there have been no other studies of medical student attitude and none including only American medical students with exposure to this patient population. **Purpose:** The purpose of this study is to determine if attitudes of medical students differ depending on their level of pre-clinical and clinic educational experience. **Methods:** First, Second, and Third year medical students will be asked to complete a voluntary questionnaire assessing attitudes towards patients with suicidal ideation. The questionnaire, which will include demographic information of students, will be completed in February 2013 and be measured on a Likert scale. At this time, approximately half of third year medical students will have completed a psychiatric clerkship and second year students will have completed additional pre-clinic psychiatric coursework compared to first year students. Statistical analysis will assess for significant differences in attitudes between students in different years of medical school as well as 3rd year students who have or have not completed a psychiatric clerkship. **Conclusions:** Data collected will be summarized with recommendations based on the findings of the study. It is anticipated that the attitudes of medical students towards patients with suicidal ideation may be altered depending on
their level of education.

References:

8. Choosing Psychiatry: A Systematic Review of Medical Student Specialty Choice
Matthew Goldenberg MD, King's College London/London School of Hygiene and; Daniel Plaxton, King's College London School of Medicine
In most countries of the world, including high income countries such as the United States, there is a perceived shortage in the mental health workforce, particularly of psychiatrists. Additional psychiatrists must be trained in order to meet the mental health treatment needs of the population, and psychiatric professional societies often bemoan the difficulty of recruiting medical students into the specialty. Numerous studies from several countries have been conducted looking at factors that influence or predict students' specialty choice including both student factors (e.g. demographic or experiential factors), school/clerkship factors (e.g. clerkship length, location) and particular interventions (e.g. recruitment events). This poster describes a systematic review of the literature on career choice in psychiatry. The studies included in the review vary in size, methodology and quality. Several studies are helpful in defining some factors, but there is little data to support any specific intervention to increase the number of students choosing psychiatry. The authors make suggestions for potential interventions including the use more robust study designs in future studies.

9. Resident as Teachers (RAT): Medical Student Evaluation of Psychiatry Residents' Teaching Before and After A RAT Improvement Program
Vijayabharathi Ekambaram MD, MPH, OUHSC; Michael Brand PhD, OUHSC; Ruchi Aggarwal MD, OUHSC
Objective: The role of residents as teachers is stressed by many medical education accrediting bodies such as the Accreditation Council of Graduate Medical Education (1), the American Psychiatric Association's (APA) Committee on Graduate Medical Education, (2) the Association of American Medical Colleges (AAMC) and the Liaison Committee of Medical Education (LCME) (3). Because residents spend so much time with medical students, they are one of medical students’ prime sources of information and education (4,5). As a result, resident education should provide opportunities to improve teaching and the evaluation of these efforts should be tied directly to medical students' educational experience. This study assesses the effectiveness of a RAT program. Medical students’ evaluation of residents teaching served as the key outcome measure for a RAT program. Methods: A baseline evaluation by medical students, during their third year psychiatric clerkship, of psychiatry residents teaching was conducted in 2010 (n=32). After the initial assessment, a program aimed to improve residents’ teaching was initiated. The program consisted of an initial four workshop for all first year psychiatry residents and three yearly six hour seminars targeting various aspects of teaching. To determine the initial effect the of RAT program a midpoint evaluation conducted; 2011-2012 medical students, during their third year psychiatric clerkship (n=130), evaluated residents' teaching. T tests and chi-square analysis were used to determine if there is any significant difference in resident teaching performances. Results: There is significant difference in improvement in psychiatry resident's attitude towards teaching before (67.7%) and after (87.7%) the RAT program. Students indicated residents were more enthusiastic about teaching them (p<0.01). Although there are no significant differences in teaching skills, the overall mean score of psychiatry residents teaching performance showed improvement after initiation of the RAT program (p<0.05). Conclusion: Third year psychiatry clerkship medical students’ evaluations psychiatry residents’ teaching clearly supports importance and impact of a RAT programs can have on medical student’s psychiatry education.
References:
1. Graduate Medical Education (GME) committee of the Association of American Medical Colleges (AAMC): The Resident Teaching Skills Website, Bringing Education and Service Together (BEST). University of California-Irvine and Association of American Medical Colleges, Washington, DC. Available at http://www.ucimc.netouch.com


10. Medical Student Peer-Assisted Teaching: Paying it Forward
Robert Bright MD, Mayo Clinic; Brian Palmer MD, Mayo Clinic; Yonas Geda MD, Mayo Clinic

Background: At our institution, the reduction of our clerkship experience to three weeks has made presenting formal didactics on all core topics to be unrealistic. While some didactic lectures are presented, and on-the-spot teaching related to clinical cases seen during the day is done, important topics may not be covered. Objectives: We have developed a novel program to actively involve students in studying these core areas and preparing educational materials on them for their peers. The theory is that, if trainees are actively involved and engaged in the process of their education, more knowledge will be retained. Instructional Methods: 1. Students are encouraged to pick one as-yet uncovered core topic in psychiatry; 2. The student studies and reviews relevant reference material and prepares a PowerPoint slide review on that topic; 3. The PowerPoint slides are then used by students in subsequent rotations to help in their shelf exam preparations and intra-rotation studies, and they also add to it; and 4. With the later perspective of having taken their shelf exam, students advise those in subsequent rotations on areas needing further development. Summary: This strategy invites students to actively participate in the shared mission of educating themselves and their peers. It encourages the learner to adopt career-long learning-by-teaching skills. Conclusions: Ideally this will be an inspiring experience for medical students to adopt a perspective of the reciprocal relationship between teacher and student. We hope to encourage students to reflect upon the educational process throughout medicine, within the formal program of the medical school curriculum but extending into their future careers with peers, allied staff members and their patients. The lack of teaching time and the challenge of encouraging self-directed learning on a clinical service are universal issues.

11. Effects of Providing Support Materials to Help Medical Students Cope with Clerkship Stress
Jason Rosenstock MD, University of Pittsburgh School of Medicine
Objective: To assess whether distributing a handbook on clerkship stress, in combination with a mid-clerkship discussion group, would help medical students cope more effectively with the challenges of clinical rotations, especially psychiatry. Need for Innovation: Medical students report high stress during their clinical rotations, particularly psychiatry, as they struggle to deal with sick patients and emotional aspects of care while trying to excel academically (1,2). Resources are available to help distressed students, but little prepares them for coping or prevention. Methods/Materials: We created a 19-page handbook covering topics such as stress causes and effects, as well as coping strategies (e.g., reflection, self-care, skills). The handbook included resource boxes, links, and specifics about local supports. The handbook was placed on the clerkship website and promoted in repeated communication to students. Outcomes: We asked students to provide anonymous feedback at the end of the clerkship, to see if they accessed the handbook, how helpful they found it, and what was most helpful about it. Full results are pending, but early outcomes suggest that: 1) only a minority of students accessed the handbook; 2) they found it helpful, particularly the resource lists; and 3) a few students felt that academic pressure trumped any inclination to spend time on wellness, making the handbook feel impractical. Conclusions: Utilizing a handbook can help some medical students cope better with the stress of clinical clerkships, especially as part of a multi-pronged approach. Addressing larger cultural issues around balancing student achievement and wellness may have more impact on medical student stress during clinical years. Feasibility: This initiative will be easy to sustain at our institution and could readily be adapted at other sites, although the list of resources will need to be kept accurate and up-to-date.

References:
1. Dyrbye LN et al. Systematic review of depression, anxiety, and other indicators of psychological distress
Clinical Performance of Students Trained in a Problem-Based Curriculum (PIL) vs. a Traditional Curriculum (IFM): A Comparison

Dilip Ramchandani MD, Drexel University College of Medicine

Objective and Need: Our medical school offers two tracks in the pre-clinical curriculum. In the traditional IFM program, each basic science discipline teaches the material in a sequential order of presentation with discipline-specific and integrated lectures, labs and small-groups. In PIL, students study clinical cases in small groups. Guided by a faculty facilitator, they learn basic sciences in an integrated, interactive format. They participate in a Primary Care Practicum to use what they learn in a clinical setting. The focus is on learning teamwork and developing the professional skills required to interact with patients and colleagues, to give and receive constructive criticism and to present material to peers. PIL is designed to help develop lifelong, independent learning skills from the beginning. The choice of track is voluntary. Typically, about 20% students in the entering class choose this track. Students in both the tracks come together to complete the last 2 years of their training in traditional clerkships and electives. In a recent forum, some traditional IFM-trained students expressed distress at how overwhelming their experience of clinical training was in the first weeks of their clerkship. They generally felt that their PIL peers seemed better prepared to handle the expectations of a clinical clerkship.

Methods: In order to test the accuracy of this perception, the author compiled the clinical evaluations of a representative sample of the students during their 3rd year in the psychiatry clerkship (134 out of 264) and compared the performance of PIL-trained students (29) with IFM-trained students (104) on the total clinical grade and the components of the total grade that included patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism and interpersonal and communication skills, the subject examination (shelf) and an integrative essay.

Outcomes: The PIL students did better on the shelf examination at the end of the clerkship (p = 0.019 two-tailed) but there were no significant differences in all other components of the clinical evaluation.

Conclusion: The results were unexpected in that the perception of the traditional medical students was not shared by the evaluating faculty. However, their better performance on the shelf examination suggests that the PIL students have a better grasp of the subject matter. The author will discuss the implications of these findings in light of the existing literature on the pros and cons of a problem-based curriculum.

References:

Revision of the Psychiatric Education at UTHealth: A Model for New Directors of Education

Dawnelle Schatte MD, UTHealth Science Center at Houston

The impetus for the revision of the education program in the psychiatry clerkship at UTHealth was to ensure teaching practices met the needs of the medical students and the standards of accrediting boards. Formerly, the students gave positive feedback on the clerkship, but the clerkship was not well integrated with the medical school as a whole. Students were dissatisfied the didactic instruction duplicated material from the second year behavioral science course. An analysis was made of the subjective narrative feedback from students, as well as critique of the program from the university curriculum office. Changes were then made in the education program resulting in better student
satisfaction, better integration with other departments, and more active learning on the part of the students. Clerkship didactic instruction was replaced with Team-Based Learning (developed by Ruth Levine and colleagues at UTMB), a role-play exercise on interviewing, and a reflective journal assignment. The students completed a three-exercise reflective journal consisting of a consideration of preconceived notions about psychiatry before and after the clinical rotation, an assessment of their own strengths and weaknesses, the development of individual learning goals, and documentation of an interview with a patient and caregiver about the experience of being a patient. The student reactions to the clerkship innovations were mixed: some students reported continuing the practice of reflective journaling on other clerkships, and other students thought it was busy work. Reactions to Team-Based Learning (TBL) were also mixed: some students found it to be a more active and engaging way to learn, while other students thought it was an ineffective use of time. The quality and depth at which the students processed their own reactions to the patients’ experiences in the reflective journals was more than what was generally discussed in teaching rounds, and most appreciated the chance to discuss these themes with their peers. In conclusion, TBL and reflective journals offer an avenue to update psychiatry education to be more active and meaningful for the medical student.

14. "Just So You Know" Emails: Delivering Key Points about Geriatric Psychiatry
Mary Blazek MD, University of Michigan
Objective: From 2010 to 2020, the number of people over the age of 65 in the United States will grow from 40 million to 55 million, a 36% increase in one decade. With the shortage of geriatric specialists, it is critical for all medical students to be aware of psychiatric issues in the elderly and to feel comfortable interviewing elderly patients. Maximizing the efficacy of didactic exposure to the topic of geriatric psychiatry is a priority. This project explored whether preparatory emails facilitate student learning in a subsequent case-based, interactive geriatric psychiatry lecture during the M-3 psychiatry clerkship, as measured by trainee self-report. Methods: During the 6-week M-3 psychiatry clerkship at the University of Michigan, the only formal teaching of geriatric psychiatry is an 80-minute lecture during the 4th week. In advance, 4 weekly emails were sent to trainees focusing on the key elements of geriatric psychiatry. The purpose of the emails prepared students for clinical encounters and key points to be discussed in the case-based interactive lecture. At the conclusion of the lecture, 88 students completed a questionnaire with four Likert scale items assessing attention to the emails and the usefulness of the content. A follow-up questionnaire with five questions (2 true/false and 3 multiple choice) to measure knowledge retention and four Likert scale questions to measure usefulness will be sent to the participants six months after the clerkship. A similar questionnaire will be sent to 44 students who participated in a lecture without the intervention as a control group. Results: Data collection will be presented in a poster at the ADMSEP annual meeting in June 2013. Conclusion: Medical educators are challenged to effectively and efficiently deliver important information in limited time. The JSYK emails were a quick, unobtrusive intervention which students utilized and found useful, both in clinical settings and in preparing for an interactive lecture. The knowledge retention questionnaire will provide further understanding of the effectiveness of the emails and interactive lecture to emphasize key points about geriatric psychiatry.

15. Medical Student Narratives of First Impressions of Psychiatry
Dean MacKinnon MD, Johns Hopkins University; Dean MacKinnon MD, Johns Hopkins University
Background: This program has been in place for 3 years and undergone refinements to improve the student experience. Key points: After perusing these student reflections, the learner will grasp the diversity and depth of student attitude change towards psychiatry after a clinical immersion teaching experience with psychiatric nurses. Objective: to provide pre-clinical medical students a direct, guided
view of the care of psychiatric inpatients. **Need:** Students tend to enter medical school with firm, preconceived notions about the nature of mental illness and its treatment. Instructional methods: As part of their longitudinal clerkship, first-year medical students shadowed psychiatric nurses as they cared for inpatients. Each student was assigned to a 4 hour session with one nurse on one of four inpatient psychiatry units. **Educational Outcomes:** Students were required to write a one page reflection on the experience. Their evaluations were excerpted to highlight themes relating to expectations versus reality of mental illness and its treatment. In most cases students were disabused of their prior assumptions about psychiatry and psychiatric patients. **Conclusion:** The additional need in psychiatric education to, first, challenge existing notions about the nature of mental illness and the values inherent in its treatment, supports the use of clinical experience early in medical training, to challenge assumptions via vivid first-hand contact. The clinical immersion experience with psychiatric nurses provides students that kind of direct experience and provides educators a window into the process of attitude change among our students. Feasibility: the program is fairly simple to administer and could be applied to any teaching hospital in which nurses have a positive attitude about teaching. There are distinct benefits to nursing in that the close contact with students establishes a more positive and collegial attitude between nurses and future house staff.

**References:**

Laura McLafferty MD, Western Psychiatric Institute and Clinic; Jason Rosenstock MD, University of Pittsburgh SOM

**Background:** In recent years multiple connections have been elucidated between the brain and other organ systems in various states of health and disease, including cardiac disease, autoimmune disorders and cancer. The development of the field of psychosomatic medicine reflects the importance of these connections. In 2010 psychiatry residents and faculty of medicine and psychiatry at the University of Pittsburgh Medical Center (UPMC) created the Mind-Body Seminar Series for medical students in their preclinical years at the University of Pittsburgh School of Medicine (UPSOM) for the purpose of providing early introduction to these crucial connections between the brain and the body that affect how all physicians conceptualize and treat disease in their patients.

**Summary:** The series is now in its 3rd year, and seminars are consistently attended by 10-15 students. The series consists of 6-7 sessions per academic year that correspond to medical students’ courses, which include genetics, microbiology and metabolism for first-year students, as well as cardiology, neurology and gastroenterology for second-year students. Sessions are taught by psychiatry residents from UPMC. Student feedback is collected at the end of every seminar and is reflected in updates to structure and content of the seminars. Topic discussion is centered on a clinical case, and students are given the opportunity to create a differential diagnosis as well as treatment recommendations. Students are provided with background reading on the topic of discussion as well as a more specifically focused and recently published article prior to and after the seminar, respectively.

**Conclusions:** In recognition of the importance of the connections between states of health and disease in the brain and other organ systems, medical students in their preclinical years must be given the opportunity to explore these connections. Such an opportunity has been created for UPSOM students in the Mind-Body Seminar Series, which continues to grow in popularity and facilitates didactic opportunities for both students and psychiatry residents.

**References:**
1. Angelino A, Lyketsos C. Training in psychosomatic medicine: a psychiatric subspecialty recognized in the
17. Medical Student Well-Being: A Prevention Based Approach
Barbara Wolf PhD, Michigan State University College of Human and Osteopathic Medicine; Erin Sheppard PhD, Central Michigan University SOM; Kristine Diaz PsyD, Oakland University William Beaumont SOM

Medical school presents a significant set of stressors. One recent study of 4287 students demonstrated that 49.6% had experienced burnout and 11.2% of students had struggled with suicidal ideation in the past year. It is important to note that male physicians are twice as likely and female physicians are three times as likely to commit suicide than the general public. Additionally, if physicians practice self care during their early training, they are more likely to continue self care and counsel patients in preventative health measures throughout their careers. It is clear from research that empathy declines as stress increases, and it appears that self care can be empathy protective. Wellness programs can be effective. This poster will briefly outline some wellness programs currently active in medical education. However, the real purpose of the poster is to aid medical schools in the development of programs where they do not currently exist. The process of placing a wellness program within a Psychiatry clerkship will be described, and the evolution into a student led wellness task force for introduction of wellness programming into the entire clerkship years will be qualitatively demonstrated. **Objectives:** 1. Participants will be exposed to the medical student wellness research literature. 2. Evaluation data gathered from our currently existing program will be provided. 3. Qualitative expression from students regarding the program will be included. 4. Participants will gain knowledge regarding development of programming for wellness within their own programs. **Conclusions:** Medical educators will gain an understanding of the stressors that students face during their 4 years and see how one medical school psychiatry clerkship site has evolved a wellness program over a period of 4 years. Current research will be reviewed as well as future possible research which is still urgently needed in this nascent topic in medical schools.

18. Dry Ice: Unusual Suicide Attempt by Carbon Dioxide Poisoning
Ndidi Onyejika MD, Tulane University; Christopher Goodenough MD, Tulane University; Janet Johnson MD, Tulane University

**Background:** Case depicts an example of suicide attempt by extremely rare means. Confinement with dry ice may result in death by asphyxiation as it converts from solid carbon dioxide directly into its gaseous state by sublimation. The term “confined space hypoxic syndrome” describes this phenomenon.(1) Case patient had easy access to this substance because of his profession. Cabin of his truck used to provide enclosed space sufficient to end his own life by carbon dioxide poisoning. Extreme temperature of the ice resulted in tissue injury on his extremities while diabetic neuropathy masked the pain further permitting frostbite and development of gangrene. **Purpose:** To stress the under-recognized lethality and accessibility of carbon dioxide poisoning. To suggest delay in reflexively amputating gangrenous digits, in the context of careful medical management, may reduce morbidity. To emphasize detailed history collection was necessary to fully understand course and severity of the suicide attempt. **Methods:** Case patient was treated for depressive symptoms and for tissue damage. Surgical amputation was delayed as he was psychiatrically treated. Antibiotics were given and wound care team managed his gangrenous injuries and extremity wounds. **Results:** Along with subsiding of depressive psychiatric symptoms, area of tissue damage and discoloration of toes gradually receded. Significant sensation returned to digits that were completely numb since frostbitten. **Conclusion:** Carbon dioxide poisoning is a unique, rare, and effective method of suicide. Toxicity causes illness and rapid progression to death. Sitting, rather than laying, in the enclosed
space may have been life sparing. Diabetic neuropathy facilitated tissue injury tolerance and development of gangrene. Wound care yielded substantial, visible reduction in gangrenous areas, perhaps evading amputation and reducing morbidity. There was significant benefit from not reflexively proceeding to amputation in the acute phase. Although accidental deaths have occurred by similar means, literary search yielded only one documented case of intentionally doing so.

Reference:

19. Evaluation of Medical Students’ Experience with a Collegiate Recovery Community Group
Lloyd Williamson M.D., University of Alabama

Objective: Most medical students will receive inadequate addiction medicine training, in spite of documented need for improved training of physician trainees. Even when medical students met required numbers of patient encounters for a psychiatric clerkship, most of the ten learning targets for counseling skills were never met. Current recommendations suggest that significant efforts be made to increase the level of physician education in substance abuse. Need for Innovation: In order to appropriately treat individuals with various addictions students need to be willing to explore their assumptions and biases. Learning through reflection activities may help students become aware of how their biases and shape their professional attitudes. Medical student interaction with collegiate students is a unique resource. Instructional methods and materials used As part of an 8-week clerkship experience, during which Psychiatry composed one-half of the clinical experience, third year medical students were required to attend a one-hour Collegiate Recovery Community (CRC) Meeting. The University Of Alabama Student Health Center offers Collegiate Recovery Community Meetings for students who have made a commitment to their recovery from disorders including substance abuse. Upon the completion of their rotation students submit a one page summary of their reflections of their experience. Educational Outcomes: This clerkship activity addressed at least 5 of the identified objectives for the psychiatry clerkship. Additionally, this activity exists to increase the students’ self-awareness of their attitudes related to working with people with substance abuse and other disorders of addiction. Pending IRB approval, data will be collected and evaluated from the written assignments submitted during the clerkship. It is anticipated that the majority of students will experience the CRC Meetings positively and gain insight regarding their own attitudes and various aspects of the lives of individuals who are in recovery from addictions. Conclusion: The learning experience of students can be enhanced through their experience of a CRC Meeting as they gain knowledge regarding addiction recovery via reflections of their experience. Feasibility of maintaining program This component of the Psychiatry Clerkship is ongoing and can be maintained with minimal administrative effort.
Free Web-Based Resources for Medical Student Education in Psychiatry

Howard Liu MD, University of Nebraska Medical Center
Geri Fox MD, University of Illinois-Chicago
Matthew Goldenberg MD, King's College London/London School of Hygiene and Tropical Medicine
Adriana Foster MD, Medical College of Georgia
Gregory Briscoe MD, Eastern Virginia Medical School

Rationale: As medical students grow increasingly comfortable with technology, there is a high demand for educators to provide web-based resources to supplement traditional classroom instruction. Indeed, there is emerging evidence that simulation-based medical education offers an advantage over traditional instruction in clinical skills acquisition (McGaghie 2011), particularly with the use of multiple learning strategies (Issenberg 2005). However, many educators are not familiar with online resources currently available to meet these needs.

Objectives:
1. Recognize the LCME ED-2 requirement to provide a clinical simulation alternative for required clinical encounters
2. Recall 2 free web-based resources for use in medical student education in psychiatry

Methods and Session Format: This plenary will introduce ADMSEP members to 4 free web-based resources for medical student education. Dr. Briscoe will give a brief opening to the plenary, and then each speaker will talk for 15 minutes. First, ADMSEP’s Clinical Simulation Initiative (CSI) Task Force will demonstrate online self-learning modules to meet the LCME’s ED-2 requirement. Second, ADMSEP’s Child and Adolescent Psychiatry in Medical Education (CAPME) Task Force will guide members through a new set of online teaching resources to integrate child and adolescent psychiatry into medical student education. Third, Dr. Goldenberg will provide an overview to psychiatry resources on AAMC’s MedEd Portal. Finally, Dr. Foster will demonstrate virtual patient (VP) technology as an application of clinical simulation.

References:
ANNOUNCEMENTS AND DISCLOSURES

CME Activity: ADMSEP 2013 Annual Meeting
Date of the Activity: June 20-22, 2013
Location: Williamsburg Lodge, Williamsburg, Virginia

The following committee members/presenters have items to disclose and are listed below. All other committee members/presenters have nothing to disclose.
Conference Participants (As of 05/25/2012)