

# HMSOM MEDICAL EDUCATION WEEK

**MAY 13 - 17, 2024**



## PROGRAM AND ABSTRACT BOOK



Hackensack Meridian  
School of Medicine



Hackensack Meridian  
School of Medicine

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## Frequently Asked Questions (FAQ)

### What is the WiFi Password?

Network: TeamHMH  
Password: bestcare

### How do I receive CME credits?

You must complete an evaluation for CME credits by scanning the code on the back of this booklet.

### I work in GME or I mentor faculty, is that considered Medical Education?

Yes! Medical Education Scholarship Week, as well as our year-round activities, are for folks doing any sort of med ed work across the spectrum of medical education - from pre-matriculation to UME, GME, faculty development, etc.

How do I make sure I know about year-round Med Ed Activities?

Would you like to be reminded of upcoming Medical Education Scholarship Events? Reach out to (omeadmin@hmhn.org) to be added to the distribution list.



**A Message from  
Miriam Hoffman, MD**  
Vice Dean for Academic Affairs  
Hackensack Meridian School of Medicine

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Dear School of Medicine Community,

We are thrilled to welcome you to our second annual Medical Education Week, where we will showcase the incredible medical education work going on across the SOM and HMH, and learn from and with each other. It has been a long and exciting road since we began to build the school. We took our “blank slate” opportunity seriously, and have done all that we can to use the SOM’s Vision to guide our work. It has been an honor to learn from and work with each of you.

We have an incredible line up of activities planned. Faculty, staff, students, and residents from across the SOM and HMH are presenting, and I encourage you to look through the Program and take full advantage.

Events like Medical Education Week are also times for reflection, growth, and can serve as a springboard. Take this time to start or continue that med ed scholarship project you have been thinking about, to start coming regularly to our year round med ed scholarship activities, to find a collaborator with similar focus. You are all doing important and creative med ed work. I encourage you to take your scholarly teaching, and move towards the scholarship of teaching and learning and then to medical education research and scholarship.

It is also critical that we get the word out there about all that is going on here at the SOM. Use this week as an impetus to join a community of practice, submit a conference abstract or to finish that article!

Finally, I want to express my deepest appreciation to the amazing team that put this week together. Our SOM team is nothing short of amazing; thank you for all you do each and every day.

All my best,  
Miriam

# Med Ed Week Agenda

## Monday, May 13

12:30 PM - 1:45 PM

Welcome and Med Ed Journal Club

Virtual

Pusic MV, et al. **Educating for adaptive expertise: case examples along the medical education continuum.** Adv Health Sci Educ Theory Pract. 2022 Dec;27(5):1383-1400. PMID: 36414880

**Harvard Macy Institute Podcast.** Season 4 Episode 2: Educating for Adaptive Expertise with Martin Pusic, Bill Cutrer, and Elissa Hall

Facilitators:

Miriam Hoffman, MD  
Vice Dean for Academic Affairs  
HMSOM

Jennifer Zepf, DO  
Course Director, The Developing Human  
Longitudinal Content Leader for Pathology  
Associate Professor of Medical Sciences, HMSOM

3:30 PM - 4:30 PM

Academic Medicine Student Interest Group: Pulling back the curtain on the SOM Curriculum

4th Floor Amphitheater

## Tuesday, May 14

1:00 PM - 2:00 PM

Concurrent Workshops  
(continued on next page)

**Improvisation for Medical Education**

Room 3414

Nina Ross, MD  
Section Chief - Reproductive Psychiatry  
Associate Director - Forensic Psychiatry Fellowship Program

**Should you ditch the PowerPoint? When and how to use slides for effective learning**

Room 3416

Marni Kriegel, MD, MEd Candidate  
Attending Physician, Pediatric Emergency Department, HUMC  
Assistant Professor of Pediatrics, HMSOM,  
Human Dimension Community Engaged Master Educator HMSOM

## Tuesday, May 14 (continued)

1:00 PM - 2:00 PM

Concurrent Workshops (continued)

### Community Engaged Graduate Medical Education: Incorporating Home Visits into Residency Curriculum

Room 3418

**Melissa Figueroa, MD, MPH**

Division Director of Complex Family Planning  
Human Dimension Community Engaged Master Educator HMSOM  
Assistant Professor of Obstetrics and Gynecology, HUMC

**Shelley Saber, MD**

Residency Program Director  
Department of Obstetrics and Gynecology, HUMC  
Assistant Professor, HMSOM

### Where in the world are the DOH icons? Exploring faculty ability to successfully concept map.

Room 3420

**Tovah Tripp, MD**

Internal Medicine Clerkship Director, HMSOM  
Director of Patient Presentation Problem-Based-Learning Curriculum (PPPC)  
Assistant Professor of Internal Medicine, HMSOM

**Joshua Josephs, MD, PhD**

Longitudinal Content Leader for Health Systems Science (HSS)  
Assistant Professor of Internal Medicine, HMSOM

**Jennifer Zepf, DO**

Course Director, The Developing Human  
Longitudinal Content Leader for Pathology  
Associate Professor of Medical Sciences, HMSOM

**View Complete Workshop Overviews on p. 11-12**



# Poster Sessions

**Tuesday, May 14 (continued)**

**2:15 PM - 3:00 PM**

**Poster Session 1**

**4th Floor Learning Studio**

<b>Asena Bahce-Altuntas</b>	Joint Effort: Integrating Rheumatology into Orthopedic Residency Training
<b>Asena Bahce-Altuntas</b>	Picture Perfect: Enhancing Rheumatology Education in Internal Medicine Residencies Through an Image-Based Curriculum
<b>Cathleen Ballance</b>	Experiential, Longitudinal Training for Pediatric Residents using an Access Model of Care for Mental Health
<b>Allison Brown</b>	Genesis and Cure of Neurophobia in Medical Education: A Narrative Literature Review
<b>Michel'le J. Bryant</b>	Exploring Medical Students' Perceived Readiness to Serve as Culturally Competent Practitioners
<b>Edward Contrada</b>	ChatGPT Performs Inadequately on Orthopaedic Board-Style Written Exams
<b>Nicole Cumbo</b>	Cannabis in Lactation and Pregnancy Didactic for Obstetrics and Gynecology Trainees
<b>Stacey Damito</b>	Simulation training: Assessing comfort in ultrasound-guided peripheral intravenous catheter placement among internal medicine residents
<b>Priyadarshini Dattathreya</b>	A Critical Narrative Literature Review of Pre-Matriculation Initiatives in Medical Education
<b>Catherine Hahn</b>	Finding Joy in the Community: Highlighting a Resident Advocacy Curriculum as a Means of Promoting Resident Wellness
<b>Rebecca Hellmann</b>	Remediation Committee in GME
<b>Zavia King</b>	Evaluation of Online Patient Education on Acute Laryngitis: A Readability and Quality Assessment
<b>Katherine Leopold</b>	Bergen Volunteer Medical Initiative (BVMI) PLUS: Innovative Partnership Model for Student-Run Free Clinic
<b>Grace Malley</b>	Ethics of Disclosure and Consent in both Research and the Clinical Setting: A Pre-Clerkship Large Group Active Learning Session
<b>Russell Seth Martins</b>	Developing a Comprehensive Education & Training Program for Surgical Advanced Practice Providers
<b>Aazam Parvez</b>	Understanding Medical Student usage of Chat GPT
<b>Liem Pham</b>	Student Burnout and Specialty Interest

**View Complete Poster Abstracts on p. 13-43**

## Tuesday, May 14 (continued)

**2:15 PM - 3:00 PM**

### Poster Session 1 (continued)

<b>Andreja Radevic</b>	Analysis of Pipelining in the United States Otolaryngology Match
<b>Vishal Ramjas</b>	Scholarly Activity in the Post COVID Era: One Program's Strategy to Increase Scholarly Activity and Research Engagement Amongst Internal Medicine Residents
<b>Lana Shaker</b>	Decreasing Residency Administrative Burden through Structured Automation of Summative Evaluation Requests
<b>Linda Siracusa</b>	Teaching Awareness of Cancer Disparities to First Year Medical Students
<b>Brittany Telford</b>	Demystifying concussion: implementation of a formal concussion curriculum in a family medicine residency
<b>Bridget Tracy</b>	The Human Dimension of Narratives: Telling Stories to Create Connection and Resiliency
<b>Tovah Tripp</b>	Information mastery skills among pre-clerkship students in a Patient Presentation Problem Based Learning Curriculum
<b>Tovah Tripp</b>	Themes in student peer feedback on research presentations in a Problem Based Learning curriculum
<b>Tovah Tripp</b>	Tracking students ability to use a standardized format for creation of differential diagnosis across pre-clerkship courses
<b>Tovah Tripp</b>	Utilization of concept mapping in a problem based learning environment to highlight Determinants of Health and Health Systems Science
<b>Lawrence Van Horn</b>	Mental Skills Training in Medicine and Surgery
<b>Jillian Weinfeld</b>	The Development and Analysis of a High School STEM Collaboration with Mentorship by Family Medicine Residents
<b>Tai West</b>	OpenIPE: Development and Pilot Testing of a Training Tool for the Initial Psychiatric Evaluation
<b>Julia Wickman</b>	A Social Ecological Model for Understanding Barriers and Solutions to Quality Healthcare for LGBTQ+ Youth

**3:15 PM - 4:00 PM**

### Poster Session 2

**4th Floor Learning Studio**

<b>Nicole Acero</b>	Hackensack Meridian Procedural Doula Program
<b>Melika Behrooz</b>	The Voices Program: Tools for Teaching SDOH via a Community Engaged Curriculum
<b>Andrew Benotakeia</b>	Social Justice in Medical Training and Advancements in Medical Residency through Siblingship Programs
<b>Alyssa Berns</b>	Intern Orientation: Milestone Zero
<b>Angelo Cadiente</b>	Large Language Models take on the AAMC Situational Judgment Test: Evaluating Dilemma-Based Scenarios

**View Complete Poster Abstracts on p. 13-43**



### 3:15 PM - 4:00 PM

### Poster Session 2 (continued)

<b>Angelo Cadiante</b>	Efficacy of ChatGPT vs. Cochrane Summaries on Sexual Problems: A Readability Study
<b>Ilona Cazorla-Morales</b>	The Accreditation Council for Graduate Medical Education (ACGME) Twenty-One Year Trends in Diversity, Equity, and Inclusion (DEI) in the USA: How does Neurological Surgery compare?
<b>Jamie Chen</b>	Assessing the Performance of ChatGPT in Bioethics: A Large Language Model's Moral Compass in Medicine
<b>Kevin Chung</b>	Innovations In Medical Education: Ophthalmology and The Role of Tertiary Care Consults
<b>Edward Contrada</b>	Pipelining in the United States Orthopaedic Surgery Residency Match: Pipelining Practices Are Variable Amongst Residency Programs but Display Regional Differences
<b>Annalyce D'Agostino</b>	Focus Posters™ Health: Custom Visual Supports as Patient-Centered Care for Pediatric and Neurodiverse Patients
<b>Olumuyiwa Fatade</b>	Impacts of Social Determinants of Health (SDOH) on Continuing care In Outpatient clinics
<b>Olumuyiwa Fatade</b>	Advancing Cultural Competency in Medical Education Through Innovative Initiatives
<b>Jayasudha Gude</b>	Transforming medical practice into book chapters: Writing Evidence Based Literature for International and non-Medical Professionals
<b>Monica Hernandez</b>	Enhancing Emergency Medicine Specialty Appreciation and Learning through a Longitudinal Integrated Emergency Medicine Clerkship
<b>Monica Hernandez</b>	Spiral Integration of Acute Care Skills with a Longitudinal Emergency Medicine Clerkship
<b>Bethany Ho</b>	Correlations between Research Activity in Medical School and in Residency
<b>Ginger Janow</b>	Rheum2Play: A Podcast to Fill the Gap in Pediatric Rheumatology Education for Medical Students and Residents
<b>Jasneet Kaur</b>	The Human Dimension of Spirituality: Spirituality, Health and Wellness
<b>Jessica Ludolph</b>	Effectiveness of an Audience Response System on Resident Learning and Retention
<b>Joshua Luzuriaga</b>	Pathology in Medical Education: A Scoping Review
<b>Huma Quadir</b>	Walk with a Doc: Empowering Communities Towards Wellness, One Step at a Time
<b>Daniel Ratanski</b>	Revolutionizing Radiology: Interactive Strategies for Medical Student Engagement
<b>Michelle Timmons</b>	US Medical School Websites' Images Consistently Under-represent Darker Skin Tones

**View Complete Poster Abstracts on p. 13-43**

## Tuesday, May 14 (continued)

3:15 PM - 4:00 PM

### Poster Session 2 (continued)

Michelle Timmons

Comparing Diversity, Equity, and Inclusion on US MD and DO Graduate Program Websites

Michelle Timmons

Analyzing Gender, Gendered Language, and E-reader Accessibility: An Examination of US Medical School Websites

Kelly Ussery-Kronhaus

An Innovative Instructional Workshop with Simulation to Teach and Measure Student and Resident Telehealth Competencies

Charles A Weber

Artificial Intelligence as an Adjunct to Question Based Active Learning

4:15 PM - 5:15 PM

### Plenary Speaker

4th Floor Amphitheater  
and Virtual\*

## Coaching Across the Continuum: Tools for the 21st Century Educator

Lyuba Konopasek, MD

Senior Associate Dean for Education at the Frank H. Netter MD School of Medicine at Quinnipiac University



Lyuba Konopasek, MD

**Lyuba Konopasek, MD** is the Senior Associate Dean for Education at the Frank H. Netter MD School of Medicine at Quinnipiac University, overseeing undergraduate and graduate medical education. Dr. Konopasek received a BA in Biology from Brown University, her MD from the Pritzker School of Medicine at the University of Chicago, and completed her training in Pediatrics at the Massachusetts General Hospital. Prior to joining Netter, she was the Director for Physician Engagement and Well-Being Programs and the Designated Institutional Official for New York-Presbyterian Hospital in New York, overseeing graduate medical education at both the Columbia and Weill Cornell campuses. She served a three-year term as Associate Dean for Medical Education at the Weill Cornell Medical College in Qatar. Dr. Konopasek's activities in medical education span the continuum from undergraduate medical education to residency training and faculty development. She has presented numerous faculty development workshops on topics including effective teaching skills, professionalism, communication skills, clinical reasoning, and feedback and assessment strategies both nationally and internationally. She has served on the ACGME's Task Force on Physician Well-Being and over the past decade has focused her faculty development activities in this domain. She is currently the chair-elect of the AAMC's Medical Education Senior Leader (MESL) group and serves on the MESL Anti-Racism Task Force.

5:15 PM - 5:30 PM

Awards Ceremony

4th Floor Amphitheater\*

5:30 PM - 7:00 PM

Reception

4th Floor Amphitheater

*\*For virtual option, see your registration confirmation*



## Wednesday, May 15

12:00 PM - 1:00 PM

### Mindful Movement: Yoga with Dr. Rosen

Room 3416

Lawrence Rosen, MD  
Human Dimension Assistant Course Director  
Associate Professor of Pediatrics, HMSOM

1:30 PM - 2:30 PM

### Collaborative Conversations: Ignite Your Small Group Teaching Skills

4th Floor  
Amphitheater

#### Facilitators:

**Carmela Rocchetti, MD**

Assistant Dean,  
Community Engaged Medical Education  
Human Dimension Course Director  
Assistant Professor of Medicine, HMSOM

**Lawrence Rosen, MD**

Human Dimension Assistant Course Director  
Associate Professor of Pediatrics, HMSOM

**Melissa Figueroa, MD, MPH**

Division Director of Complex Family Planning  
Human Dimension Community Engaged Master  
Educator HMSOM  
Assistant Professor of Obstetrics and  
Gynecology, HUMC

**Michal Divney, LCSW**

Human Dimension & Community Programs  
Manager  
Instructor, Family Medicine

**Bridget Tracy, MD**

Human Dimension Community Engaged Master  
Educator,  
Assistant Professor of Medicine, HMSOM

**Jennifer Knight, MD**

Human Dimension Community Engaged Master  
Educator  
Assistant Professor of Medicine, HMSOM

**Marni Kriegel, MD, MSEd**

Attending Physician, Pediatric Emergency  
Department, HUMC  
Assistant Professor of Pediatrics, HMSOM,  
Human Dimension Community Engaged Master  
Educator HMSOM

**Caryn Katz-Loffman, LSW**

Human Dimension Assistant Course Director,  
Professional Identity Formation Director  
Core Assistant Professor, Psychiatry and  
Behavioral Health

#### Workshop Description:

This workshop fosters a supportive environment for medical educators to connect, reflect, and explore strategies for small-group facilitation skills. Using a facilitated small group format, we will discuss the challenges and opportunities to ensure we thrive in our work.

3:00 PM - 6:30 PM

### Human Dimension Capstone Scholarship Day

3rd & 4th Floor  
Learning Studios

**View Human Dimension Capstone Day Overview on p. 45**

## Thursday, May 16

12:30 PM - 1:15 PM

### Library Day Workshop 1: Determining Where to Publish

Virtual

Christopher Duffy, MLIS, AHIP  
Associate Dean, IHS Library

Peggy Dreker, MPA, MLS  
Medical Librarian, IHS Library

Kyle Downey, MLS  
Health Sciences Librarian, IHS Library

1:30 PM - 2:15 PM

### Library Day Workshop 2: Keeping up with the Literature: Effective Strategies and Tools

Virtual

Christopher Duffy, MLIS, AHIP  
Associate Dean, IHS Library

Peggy Dreker, MPA, MLS  
Medical Librarian, IHS Library

Kyle Downey, MLS  
Health Sciences Librarian, IHS Library



# Workshop Overviews

## Improvisation for Medical Education

**Summary:** This highly interactive workshop will engage participants in comedic improvisation exercises designed to illustrate the utility of improvisation in medical education settings, as a tool of building multiple skills useful in medical settings including active listening, collaboration, mindfulness, and attending to unspoken cues.

### Participant Learning Objectives:

- Understand the core principles of comedic improvisation.
- Examine improvisation's usage in medical education.

Nina Ross, MD

Section Chief -  
Reproductive Psychiatry  
Associate Director - Forensic  
Psychiatry Fellowship  
Program

## Should you ditch the PowerPoint? When and how to use slides for effective learning

**Summary:** Multimedia slide presentations - the oft-maligned PowerPoint - are commonly used in medical education and can be a powerful and effective learning tool. Research with medical students has demonstrated improved retention (including, critically, long-term retention) when principles of good slide design are applied. This workshop will provide a fun and interactive introduction to effective use of slides in medical education.

### Participant Learning Objectives:

- Be able to choose when to use slides as one component of an effective presentation - and when not to.
- Be able to describe the principles of effective slide design.
- Apply these principles to one or more slides in a new or existing presentation.

Marni Kriegel, MD,  
MSEd Candidate

Attending Physician,  
Pediatric Emergency  
Department, HUMC  
Assistant Professor of  
Pediatrics, HMSOM,  
Human Dimension  
Community Engaged  
Master Educator HMSOM

## Workshop Overviews (Continued)

### Community Engaged Graduate Medical Education: Incorporating Home Visits into Residency Curriculum

**Summary:** Home visits improve resident understanding of factors that contribute to patient care. Development and implementation of patient and family centered teaching in residency programs is needed. This workshop provides an example process for implementation of a residency home visit program, and guides participants in exploring the feasibility of incorporating similar programs in their residencies by identifying implementation supports and barriers.

#### Participant Learning Objectives:

- Appreciate the resident home visit as a tool for providing community engaged graduate medical education.
- Analyze processes used to implement a residency home visit program.
- Explore the feasibility of incorporating home visits in participant residency programs and identify potential implementation supports and barriers.
- Create a strategy and first steps for implementation of a residency home visit program.

### Melissa Figueroa, MD, MPH

Division Director of Complex Family Planning, Human Dimension Community Engaged Master Educator HMSOM, Assistant Professor of Obstetrics and Gynecology, HUMC

### Shelley Saber, MD

Residency Program Director Department of Obstetrics and Gynecology, HUMC Assistant Professor, HMSOM

### Where in the world are the DOH icons? Exploring faculty ability to successfully concept map.

**Summary:** Concept mapping has been shown to be an effective tool for promoting cognitive integration and reinforcing and learning content. Phase 1 students in PPPC continue to struggle with concept mapping and inclusion of Determinants of Health (DOH) content despite a significant curricular focus. This workshop will review how concept mapping enhances learning and allow opportunities for faculty to create and evaluate their own concept maps.

#### Participant Learning Objectives:

- Analyze how concept mapping provides a scaffold for a week's content in the pre-clerkship curriculum and serves to enhance learning.
- Utilize concept mapping as a technique for learning basic science and DOH content as well as integrating them.
- Utilize concept mapping to demonstrate the impact of determinants of health on pathophysiology of disease.

### Tovah Tripp, MD

Internal Medicine Clerkship Director, HMSOM Director of Patient Presentation Problem-Based-Learning Curriculum (PPPC) Assistant Professor of Internal Medicine, HMSOM

### Joshua Josephs, MD, PhD

Assistant Professor of Internal Medicine, HMSOM Longitudinal Content Leader for Health Systems Science (HSS)

### Jennifer Zepf, DO

Course Director, The Developing Human Longitudinal Content Leader for Pathology Associate Professor of Medical Sciences, HMSOM



# Research Abstracts

(Sorted Alphabetically by Submitting Author's Last Name)

<p><b>Rafia Ali</b></p>	<p><b>Title:</b> Ascending to the Next Level, the Prequel: Multimodal Training Series for New PGY1 Development  <b>Authors:</b> Rafia Ali MD, Sangeetha Chandramohan MD, Kiran Hanif MD, Vishal Ramjas MD, Isaac Soliman, MD FACP  <b>Introduction:</b> The transition from medical school to residency is a pivotal phase in a physician's journey. Interns entering medical residency come from diverse backgrounds, educational experiences, and varying clinical exposure. This variation in background can lead to disparities in readiness and confidence levels among interns in navigating clinical and non-clinical responsibilities. Numerous studies indicate that incoming interns often exhibit deficiencies in clinical and professional skills that residency program directors anticipate should have been proficiently acquired during their medical school education. Consequently, there have been a growing number of residency preparatory courses to address these challenges. However, these conventional courses are often rigid and predetermined, time consuming (3-4 weeks) and may not fully factor in the intern's perspectives. <b>Methods:</b> Utilizing an interactive lecture series focused on the fundamentals, practice scenarios and the simulation lab, which is updated yearly based on feedback received from the ascending PGY2s (former interns). Our intern prep camp spans five days during the first week of residency, with morning and afternoon sessions each lasting an hour. <b>Results:</b> Research shows preparatory workshops and courses boost confidence, enhance clinical skills, and increase medical knowledge. Additionally, studies have shown certain competencies are critical in transitioning to residency. These include communication, professionalism, teamwork, decision-making, handling challenging situations, specific skills and knowledge, efficiency, and how to consult effectively. Our multimodal training will combine these competencies with clinical teaching into the training to ensure optimal resident training and patient care. <b>Conclusion:</b> Through this multimodal training series, we hope to facilitate a smoother and more confident start to residency, ensuring that all interns begin on equal footing and are better prepared to handle the demands of their new roles.</p>
<p><b>Allison Brown</b></p>	<p><b>Title:</b> Genesis and Cure of Neurophobia in Medical Education: A Narrative Literature Review <b>Author:</b> Allison Brown, M4  <b>Introduction:</b> The objective of this medical education research project was to conduct a narrative literature review regarding the topic of neurophobia in medical education. Fear of neurology (neurophobia) is an entity reported as early as 1959 by Dr. Charles Poser, a neurologist, who described a pervasive "medical student folklore" of fear and apprehension around the subject of neurology.<sup>1</sup> The term neurophobia was first used in 1994 by Dr. Ralph Josefowicz, who described neurophobia as a syndrome defined as a "fear of the neural sciences and clinical neurology that is due to the students' inability to apply their knowledge of basic sciences to clinical situations." The incidence of neurophobia in 1994 was estimated to be 1:2 among medical students and affected men and women equally. Not surprisingly, the distribution of neurophobia during medical school is bimodal with the two peaks occurring either during the pre-clerkship neural science course and during the neurology clerkship. Neurophobia is a global phenomenon, and several multinational studies have investigated risk factors and possible "cures." Nearly 30 years after the term first appeared in the literature, neurophobia still prevails among medical students today. There is value in understanding the various reasons for neurophobia and as well as interventions which may enhance neurology education. <b>Methods:</b> Multiple databases as well as grey literature and pre-print servers were searched to conduct a narrative literature review of this subject. The initial literature search yielded 372 results. A total of 12 papers were included in this review, most of which were survey and/or questionnaire based. <b>Results:</b> Several studies cited complex neurologic material and examination, separation of basic neuroscience and clinical neurology, as well as lack of student confidence as factors involved in the genesis of neurophobia. Meaningful interventions should include team- and case-based learning, technology-driven and multimedia educational modules, early exposure to neurologic patients, and opportunities for student-provider mentorship. <b>Conclusion:</b> Limitations of this research include time constraint during a four-week dedicated research period as well as response bias in surveys and/or questionnaires from literature included in this review. Given a projected shortage of neurologists and an increasing burden of disability and deaths caused by neurological disorders, the global phenomenon of neurophobia is an area within medical education requiring future research and additional educational strategies to abate neurophobia and promote neurophilia. Ultimately, neuroscience and neurology will need to become a more accessible subject for medical students.</p>

<p><b>Michel'le Bryant</b></p>	<p><b>Title:</b> Exploring Medical Students' Perceived Readiness to Serve as Culturally Competent Practitioners <b>Author:</b> Michel'le Bryant, PhD <b>Introduction:</b> The US population is more culturally diverse than ever (1,2) . Although advancements have been made in promoting the nation's overall health, health disparities persist among different racial and ethnic groups (3). To promote person-centered care practices, medical students must be ready to serve diverse patient populations and provide equitable care. Despite their training, some medical students reported feeling unprepared to treat diverse patient populations, potentially impacting their clinical practice and patient care outcomes (4-7) . This study explored medical students' perceived readiness to serve as culturally competent practitioners (8) . As noted in the literature, readiness is a state of preparedness. The theoretical lens guiding this study was the Readiness Theory which infers that one's readiness encompasses their situational knowledge, attitude, and confidence (9,10) . <b>Objective:</b> This study's purpose was to explore the perceived readiness of final-year medical students in the US to provide culturally competent care, drawing on the Readiness Theory and The Purnell Model for Cultural Competence. <b>Methods:</b> A mixed-method approach incorporating semi-structured interviews exploring the constructs of readiness via open ended questions and included the completion of a quantitative validated instrument (GWCCS) measuring culture competence via the lens of The Purnell Model for Cultural Competence was employed in this national study. Sixteen participants from various institutions and regions of the US took part in this non- experimental, cross-sectional exploration. <b>Results:</b> Quantitatively, all students demonstrated cultural competence knowledge as measured by the GWCCS. Additionally, their competent knowledge base was also supported by their self-reported responses to knowledge questions posed during the interviews. Surprisingly, emerging from the qualitative data, although most students voiced positive attitudes towards culturally competent practice, their confidence levels varied. <b>Conclusion:</b> While most of the final-year medical students expressed readiness to engage in culturally competent practice, discrepancies emerged regarding their confidence levels. Based upon the readiness theory, confidence is one of the three constructs which defines one's overall readiness and thus leaves us with concerns regarding students' actual readiness. These findings highlight the need for standardized, comprehensive cultural competence curricula that promotes students' cultural competence knowledge and perceived importance and confidence as we seek to address health disparities.</p>
<p><b>Angelo Cadiente</b></p>	<p><b>Title:</b> Efficacy of ChatGPT vs. Cochrane Summaries on Sexual Problems: A Readability Study <b>Authors:</b> Angelo Cadiente, Andre Ho, Jamie Chen, Catherine Implicito, Christopher Wan, Abinav Udaiyar, Charles Palmer, Qilin Cao &amp; Mubashir Shabil Billah <b>Introduction:</b> With the growing medical literature, AI's role in efficient summarization becomes pivotal, offering scale, consistency, and accessibility. The purpose of this project is to evaluate ChatGPT-generated summaries in readability and quality against Cochrane Review's Plain Text Summaries in sexual dysfunction research. <b>Methods:</b> 14 abstracts from the Cochrane Library tagged under "Sexual Problems" were summarized using ChatGPT-3.5 (July 25 Version) and compared with their corresponding Cochrane Plain Text Summaries. Readability was assessed using six metrics: Flesch Kincaid Reading Ease, Flesch Kincaid Grade Level, Gunning Fog Score, Smog Index, Coleman Liau Index, and Automated Readability Index. With the exception of the Flesch Kincaid Reading Ease score, each measure describes the amount of formal education required to understand a given response. Statistical analysis utilized a two-tailed t-test to compare ChatGPT-3.5-generated summaries and Cochrane Plain Text Summaries. Each summary was also evaluated by two independent graders on a 5-point scale for accuracy and adherence to the abstract, with their combined grades compared between datasets. <b>Results:</b> Readability scores showed marginal differences between ChatGPT and Cochrane summaries (Table 1). T-tests revealed no statistically significant differences in readability metrics and summative grades between the two summaries. <b>Conclusions:</b> In terms of readability and quality, both machine-generated (ChatGPT) and human-authored summaries (Cochrane) yielded similar outcomes. Thus, we conclude that ChatGPT can aptly generate summaries equivalent to the Cochrane Review with the intention of improved audience understanding on the topic of sexual dysfunction. Limitations to this study include a smaller sample size - requiring further studies to be undertaken with a larger population for improved generalizability.</p>
<p><b>Angelo Cadiente</b></p>	<p><b>Title:</b> Large Language Models take on the AAMC Situational Judgment Test: Evaluating Dilemma-Based Scenarios <b>Authors:</b> Angelo Cadiente, Jamie Chen, Lora Kasselmann &amp; Bryan Pilkington <b>Introduction:</b> The integration of artificial intelligence (AI) into medical education signifies a pivotal shift in training methods, mirroring broader technological advancements in healthcare delivery and education. Moreover, as medical schools increasingly adopt holistic admissions processes, assessments such as the Association of American Medical Colleges (AAMC) Situational Judgment Test (SJT) have gained popularity for assessing key pre-professional competencies deemed essential for medical students. This evolution towards incorporating AI to evaluate complex human behaviors and ethical decision-making processes in prospective students is critical. Our study explores the capacity of large language models (LLMs) such as ChatGPT-3.5, ChatGPT-4.0, and Bard to interpret and respond to the AAMC SJT. By examining these models' performance, we aim to understand their potential in supporting the assessment of interpersonal and professional competencies crucial for the medical profession, thus contributing to the ongoing discourse on the role of AI in enhancing</p>

<p><b>Angelo Cadiente (continued)</b></p>	<p>medical education and the selection process of future healthcare professionals. <b>Method:</b> The study utilized the 2021 AAMC SJT practice exam, comprising 30 scenarios with 4-8 solutions each, totaling 186 solutions. The LLMs were queried with each scenario and asked to rate the effectiveness of each individual solution. The responses were evaluated using raw and adjusted scoring methods as outlined by the AAMC, where raw scores were based on direct matches to the answer key, and adjusted scores allowed for broader alignment with the key's categories, i.e. overall effective vs. overall ineffective. Sentiment analysis was also conducted using the MonkeyLearn Sentiment Analyzer to determine any correlation between sentiment, i.e. how positive or negative a solution is, and accuracy. Statistical analyses included descriptive statistics, logistic regression, and Fleiss Kappa calculation for inter-model agreement. <b>Results:</b> ChatGPT-4.0 demonstrated a superior performance with a raw score of 58.6% and an adjusted score of 71.2%, outperforming both ChatGPT-3.5 (raw score: 42.4%, adjusted score: 61.6%) and Bard (raw score: 37.6%, adjusted score: 58.1%). All models exhibited a tendency toward similar inaccuracies. Sentiment analysis did not show a significant correlation with accuracy on an individual model basis, but an overall trend suggested a minor increase in accuracy with more positive sentiment. Increased solution counts were associated with decreased accuracy, although this trend did not reach statistical significance. <b>Conclusion:</b> ChatGPT-4.0's advancements in interpreting and responding to complex situational judgments signify a leap forward in the application of LLMs within medical education assessments. However, the performance gap between ChatGPT-4.0 and other models, coupled with the limitations highlighted by sentiment analysis and solution count effects, underscores the essential role of human oversight. Despite their potential, LLMs cannot yet fully replicate the nuanced understanding and judgment required in medical education, emphasizing the need for cautious integration of these technologies.</p>
<p><b>Amber Chan</b></p>	<p><b>Title:</b> The Accreditation Council for Graduate Medical Education (ACGME) Twenty-One Year Trends in Diversity, Equity, and Inclusion (DEI) in the USA: How does Neurological Surgery compare? Authors: Ilona J. Cazorla-Morales BA, Amber W. Chan BS, Mirai M. Mikhail BA, Allen Fu, BA, George W. Koutsouras, DO, MPH Robert F. Heary MD, Catherine A. Mazzola MD <b>Introduction</b> Within the current medical workforce, diversity is limited among surgical specialties. However, diversity allows physicians to provide culturally competent care. This paper discusses the trends in racial, ethnic, and gender representation within different surgical subspecialties with an emphasis on neurosurgery over a 20-year time frame of available graduate medical education resident complement data. <b>Methods</b> A retrospective review of data collected by the ACGME over the past twenty years, as reported in JAMA, was conducted. Residents from five surgical specialties were evaluated based on gender, race, and ethnic identifications from 2002 to 2022. ANOVA was performed to compare the levels and retention rates of racial, ethnic, and gender diversity within these specialties. <b>Results</b> Analysis of the resident physician demographics of the five surgical specialties reveals an overall trend of increasing diversity over the study period. Over the 20-year time period, neurosurgery had an overall increase in Asian (+5.1%), Hispanic (+3.0%), and female (+11.4%) residents, with a decrease in white residents by 2.1% and Black residents by 1.1%. Among the surgical specialties analyzed, otolaryngology had the greatest overall increase in minority residents. Notably, there has been an overall increase in female residents across all five surgical specialties, with the highest in otolaryngology (+20.3%) which was found to be statistically more than seen in neurosurgery (p&lt;0.001). <b>Conclusions</b> This chronological analysis spanning 20 years demonstrates that neurosurgery, like other specialties, has seen a growth in several racial and ethnic categories. Relative differences are notable in neurosurgery, including Black, Asian, Hispanic, and white ethnic categories, with growth in females, but at a significantly lesser pace than seen in otolaryngology and plastic surgery.</p>
<p><b>Jamie Chen</b></p>	<p><b>TITLE:</b> Assessing the Performance of ChatGPT in Bioethics: A Large Language Model's Moral Compass in Medicine <b>AUTHORS:</b> Jamie Chen, Angelo Cadiente, Lora J. Kasselmann, Bryan Pilkington <b>INTRODUCTION:</b> ChatGPT (OpenAI) has been a growing point of interest in medical education, yet has not been assessed in the field of bioethics. This study aims to evaluate ChatGPT's performance in answering bioethical questions tailored to the level of U.S. medical students in their third and fourth years. <b>METHODS:</b> We utilized ChatGPT-3.5 (April 2023) and selected 114 bioethical questions from the UWorld and AMBOSS question banks. The model's responses were analyzed for accuracy, categorized by bioethical topics, difficulty levels, and specialties. Error types were classified as content errors, application errors, or misunderstood questions. A statistical analysis was conducted to examine any association between question and answer lengths with accuracy. <b>RESULTS:</b> ChatGPT achieved an overall accuracy of 59.6%, with higher performance in questions related to death and physician-patient relationships and lower performance in informed consent topics. The model performed best in pediatrics among all specialties. The majority of errors were content and application errors, with no significant relationship found between the length of questions or answers and accuracy. <b>DISCUSSION/CONCLUSION:</b> ChatGPT demonstrates potential in understanding and applying bioethical principles but shows variability in performance across different bioethical categories and specialties. The findings suggest that while artificial intelligence (AI) can be a valuable tool in medical education, especially in bioethics, its limitations must be acknowledged. Further research is needed to improve AI's understanding and application in complex bioethical scenarios before ensuring that future medical professionals can rely on AI as</p>

<p><b>Jamie Chen (continued)</b></p>	<p>a supplementary educational resource. This study contributes to the ongoing discourse on the integration of AI in healthcare, highlighting the importance of continuous improvement and evaluation of AI tools in medical education.</p>
<p><b>Edward Contrada</b></p>	<p><b>Title:</b> ChatGPT Performs Inadequately on Orthopaedic Board-Style Written Exams <b>Authors:</b> Chandler A. Sparks, MS, Matthew J. Kraeutler, MD, Edward V. Contrada, BS, Grace A. Chester, BS, Eric Zhu, BS, Sydney M. Fasulo, MD, Anthony J. Scillia, MD <b>Introduction:</b> ChatGPT is a newly released artificial intelligence chatbot capable of delivering human-like responses to a seemingly infinite number of inquiries. For the technology to perform certain healthcare-related tasks or act as a study-aid, the technology should have up-to-date knowledge and the ability to reason through medical information. The purpose of this study was to assess the orthopaedic knowledge and reasoning ability of ChatGPT by querying it with orthopaedic board-style questions. <b>Methods:</b> We queried ChatGPT (version 3.5) with a total of 472 questions from the Orthobullets free question dataset (n=239), the 2022 Orthopaedic In-Training Examination (OITE) (n=124), and the 2021 OITE (n=109). The importance, difficulty, and category were recorded for questions from the Orthobullets question bank. Responses were assessed for answer choice correctness, if the explanation given matched that of the dataset, answer integrity, and reason for incorrectness if answer choice was incorrect. <b>Results:</b> ChatGPT correctly answered 55.9% (264/472) of questions and, of those it answered correctly, gave an explanation that matched that of the dataset for 92.8% (245/264) of the questions. The chatbot used information internal to the question in all responses (100%) and used information external to the question (98.3%) as well as logical reasoning (96.4%) in almost all responses. There was no significant difference in the proportion of questions answered correctly and incorrectly between the datasets (p=0.62). There was no significant difference in the proportion of questions answered correctly and incorrectly by question category (p=0.67), importance (p=0.95), or difficulty (p=0.87) within the Orthobullets dataset questions. ChatGPT mostly got questions incorrect due to information error (81.7%). <b>Conclusions:</b> ChatGPT (version 3.5) performs below a threshold likely to pass the American Board of Orthopaedic Surgery Part I written exam. The chatbot's performance on the 2022 and 2021 Orthopaedic In-Training Examinations is between the average performance of an intern to second-year resident. While encouraging, this may limit ChatGPT's current applications for education in orthopedic surgery.</p>
<p><b>Edward Contrada</b></p>	<p><b>Title:</b> Pipelining in the United States Orthopaedic Surgery Residency Match: Pipelining Practices Are Variable Amongst Residency Programs but Display Regional Differences <b>Authors:</b> Chandler A. Sparks, MS, Edward V. Contrada, BS, Matthew J. Kraeutler, MD, Anthony J. Scillia, MD <b>Introduction:</b> Pipelining is the phenomenon whereby applicants from the same medical schools repeatedly match into the same residency programs. We sought to quantify the prevalence of pipelining in the United States (US) orthopedic surgery residency match and to compare these practices amongst geographic regions. <b>Methods:</b> Resident information was obtained from program webpages. New programs without five years of residents, programs that did not publicly report resident information, and programs with incomplete information were excluded. For the remaining programs, the pipelining ratio was calculated (pipelining ratio=no. of residents/no. of different medical schools represented over the study duration). We also recorded the proportion of each program's residents that attended the single most represented medical school at each program during the study period and the number of years in which at least two residents from the same medical school matched into a program. Geographic region was recorded as Midwest, Northeast, South, or West. <b>Results:</b> The median pipelining ratio amongst programs included (n=159) was 1.5 (IQR=1.32-1.79; Range=1-4.83). The pipelining ratio varied by geographic region (p&lt;0.01), with programs in the Midwest (p=0.04) and South (p=0.04) having a higher pipelining ratio than programs in the Northeast. The proportion of each program composed of the most represented medical school varied by geographic region (p&lt;0.01), with programs in the South having a higher proportion of their classes composed of residents from a single medical school than programs in the Northeast (p&lt;0.01) and Western US (p=0.03). <b>Conclusions:</b> Most programs fall within a range of fair to moderate pipelining, though it is more common in Southern US programs. These practices can limit opportunities for qualified applicants and should be monitored due to recent changes in pass/fail scoring of the US Medical Licensing Step 1 Exam and virtual interviews.</p>
<p><b>Nicole Cumbo</b></p>	<p><b>Title:</b> Cannabis in Lactation and Pregnancy Didactic for Obstetrics and Gynecology Trainees <b>Authors:</b> Nicole Cumbo MD, Nora Doty MD <b>Introduction:</b> Marijuana is the most commonly used recreational drug in pregnancy. With the rapid legalization of cannabis across the United States, millions of people who become pregnant or who are lactating will need credible medical information regarding cannabis use during these periods. This study aims to evaluate the effectiveness of a PowerPoint presentation and a simulation exercise on residents' knowledge and comfort associated with cannabis use in pregnancy by using a pre and post-test. <b>Methods:</b> We developed a structured didactic on counseling points regarding marijuana use in pregnant and lactating populations for an obstetrics and gynecology residency at the Jersey Shore University Medical Center in Neptune, New Jersey. Participation included a pretest, a 1 hour didactic session, a counseling simulation, then a post test. The didactic portion included the physiology of cannabis and the endocannabinoid system,</p>



<p><b>Nicole Cumbo (continued)</b></p>	<p>various formulations of cannabis, an overview of the current evidence of cannabis’ effect on gynecologic conditions and of cannabis’ effect on pregnancy and lactation. The pre and post-test included the same 9 questions using 5- point Likert scale to assess learner confidence levels. <b>Results:</b> A total of 15 pre-tests and 15 post-tests were completed. Post-assessment showed improvement in all of the learning outcomes evaluated. The primary outcome was confidence on &amp;quot;counseling a pregnant patient on cannabis use in pregnancy to which 74% of participants (n=11) were ‘neutral’ or ‘somewhat confident’ on the pre-test. After the session, 87% (n=13) responded they were ‘confident’ or ‘expert’ on the post-test. <b>Conclusion:</b> As marijuana becomes recreational in the majority of the United States, obstetricians and gynecologists must be able to effectively counsel their pregnant and lactating patients using the best evidence available, and a didactic with a simulation is an effective way to improve learner confidence.</p>
<p><b>Stacey Damito</b></p>	<p><b>Title:</b> Simulation training: Assessing comfort in ultrasound-guided peripheral intravenous catheter placement among internal medicine residents <b>Author:</b> Stacey Damito <b>Introduction:</b> Ultrasound-guided peripheral intravenous catheter insertion (USGIV) is a valuable skill for any clinician to master, including internal medicine (IM) resident physicians. Residents frequently care for patients who may have difficult intravenous (IV) access, as in obesity, edema, and hypotension [1]. In such cases, rescue procedures like central venous catheters and USGIV are often requested [1]. Prior to this pilot curriculum, our residency program did not have established USGIV training. Previous residents learned the procedure at bedside but were limited by individual interest and access to a trained proceduralist. Simulation-based USGIV learning has shown utility in training nurses and physicians in emergency medicine [2,3] and anesthesia [4]. This simulation-based curriculum sought to not only establish standardized USGIV training but also assess residents’ comfort level with the procedure. <b>Methods:</b> The pilot study was completed during March to May 2023. All first- and second-year residents (26) plus a rotating nursing practitioner (27) were included and divided across 5 training sessions. 5 of 27 were selected to be junior trainers (a resident deemed competent in USGIV prior to the project’s development). Prior to their session, trainees were required to watch an online instructional video (Videos in Clinical Medicine, New England Journal of Medicine) and complete a self-assessment survey that assessed their level of interest and proficiency. Each session was led by a critical care attending physician, the project leader, and a junior trainer. A venipuncture pad (Simulab Corporation) with red-fluid-filled veins and a homemade ballistic gel block were used as simulation tissue; all resident trainees were provided a full IV insertion kit and 20-gauge peripheral IV catheter. First, trainers instructed on basic navigation of an ultrasound machine followed by a demonstration of USGIV. Trainees then took turns attempting USGIV under supervision. After the session, residents were asked to complete a survey that reassessed their level of interest and comfort. <b>Results:</b> Four of 27 trainees were anesthesia preliminary residents; 21 were categorical IM. 88% of prospective trainees completed training, 74% completed pre-lab surveys, and 59% submitted post-lab surveys. Pre-session surveys showed that 92% believed all IM residents should be trained in USGIV, while 8% believed this should be left to individual interest. 80% were “very interested” in learning USGIV while 20% were “somewhat interested”. 12% were never exposed to USGIV previously, 24% were not confident but have attempted USGIV, 44% were familiar but felt they “needed more practice”, and only 20% reported feeling “confident and willing to teach”. Post-lab surveys found that after training, 64% now felt “somewhat confident”, while 36% felt “very confident”. Interestingly, 100% now endorsed that all IM residents should be trained, and all agreed with using simulation-based curriculum as a primary method of teaching USGIV as opposed to bedside learning. <b>Conclusion:</b> This study showed that simulation-based curriculum for USGIV improves confidence in the procedure and informs on the value of being trained as an IM resident. With further training, one could expect learners to eventually feel more comfortable with the procedure, which can have downstream benefits like expediting cannulation, reducing needlesticks, and precluding central venous catheters [5].</p>
<p><b>Priyadarshini Dattathreya</b></p>	<p><b>Title:</b> A Critical Narrative Literature Review of Pre-Matriculation Initiatives in Medical Education <b>Author:</b> Priyadarshini Dattathreya, HMSOM, Nutley <b>Introduction:</b> Medical education has undergone significant transformations over the years; pedagogical innovations, competency-based curriculum, and holistic admissions process being some of the noteworthy changes. As medical education continues to evolve, there is an increasingly critical need to focus on how matriculating students are assimilated into these changes by supporting their transition into medical schools. Several institutions have reported using pre-matriculation courses/programs to support student transition. This abstract summarizes the findings of a narrative literature review that investigated the scope of pre-matriculation courses or programs in literature and their ability to facilitate transition of students into medical schools. With a focus on objectives, structure, and outcomes of pre-matriculation courses/programs, the goal of this review was to create a conceptual framework that provides a comprehensive understanding of the current landscape of pre-matriculation initiatives in medical education. <b>Methods:</b> A systematic search was conducted targeting research articles on pre-matriculation initiatives in medical education from 1985 to 2023. Databases such as MEDLINE, ProQuest, Google Scholar, and EBSCO were utilized, covering articles reporting on pre-matriculation course outcomes,</p>

<p><b>Priyadarshini Dattathreya (Continued)</b></p>	<p>evaluations, needs assessments, and/or rationale for course development. Articles were categorized based on the overarching objectives and focus of the reported initiatives. A critical narrative approach was employed when reviewing these articles. <b>Results:</b> Twenty six papers were included in this narrative review. The critical review uncovered a spectrum of pre-matriculation programs designed to address the diverse needs of entering medical students. Significant variation existed in program objectives, structures and program evaluation plans. The scope of the programs could be described as multi-leveled ranging from narrow focus such as development of specific skills required for success in medical school or introduction to specific curricular content, to expansive implementation such as integration into the learning environment, or immersion into the community. The student satisfaction of these programs regardless of their scope were consistently positive. However, reported outcomes showed notable variance in the ability of the initiative to support student transition. The review also uncovered the inherent complexity of creating equitable courses/programs that address diverse student needs. The review also revealed challenges with the ability of existing pre-matriculation programs to promote equity, inclusivity, and individualization. <b>Conclusion:</b> The conceptual framework developed from this critical narrative review illustrates the multi-level scope of pre-matriculation programs with potential for being either focused or comprehensive. It also emphasizes the importance of adapting these programs to the specific needs of the student population and also aligning them with the objectives of the medical school. However, medical educators could also explore innovative solutions to develop pre-matriculation courses that prioritize equity, inclusivity, and individualized support.</p>
<p><b>Bethany Ho</b></p>	<p><b>Title:</b> Correlations between Research Activity in Medical School and in Residency <b>Authors:</b> Bethany Ho, Kevin Li, Shreeya Bahethia, Justina Varghese, Devin Beckmann, Brian Benson <b>Introduction:</b> Research productivity in medical school is heavily considered among otolaryngology residency programs when considering applicants. In a prior study, we indexed articles on PubMed published by 116 otolaryngology programs from January 1, 2016 to February 28, 2021 for publications with medical students as first authors to find factors that impact research productivity. We found that the number of faculty within the department positively correlated to the number of medical student first-author publications (R = .43, P &lt; .05) and the number of faculty publications (R = .63, P &lt; .05). Greater numbers of faculty likely provide more mentorship and research opportunities that allow medical students to engage in projects that lead to first-author publications. We seek to further investigate the significance of medical student research productivity by evaluating the correlation between research productivity in medical school and that in residency. <b>Methods:</b> A systematic search of medical students identified in the aforementioned previous study was conducted. Primary outcomes were the number of first author publications in medical school and number of first author publications in residency. <b>Results:</b> Preliminary data included 149 medical students who had at least one first- author publication in otolaryngology before medical school graduation and graduated residency 2024 or before. The mean number of medical student first-author publications was 2.46 and the mean number of resident first-author publications was 2.57. There was no significant correlation between medical student and resident first-author publications (R<sup>2</sup> = 0.126). <b>Conclusions:</b> Research productivity in medical school does not predict contribution to research literature in residency. Greater numbers of faculty members likely provide more mentorship and opportunities that allow medical students and residents to engage in projects that lead to first-author publications. These findings allow institutions to reflect on the significance and impact of medical student engagement and provide data to students for career planning.</p>
<p><b>Ginger Janow</b></p>	<p><b>Title:</b> Rheum2Play: A Podcast to Fill the Gap in Pediatric Rheumatology Education for Medical Students and Residents <b>Authors:</b> Tresa Ambooken, MD, MBA, Sarah Molina, MD, Tara Lozy, MS, Miriah Gillispie-Taylor, MD, Ginger Janow, MD, MPH <b>Introduction:</b> Within pediatric subspecialties, pediatric rheumatology remains one of the newest and smallest specialties, and thereby has a paucity of resources and technologies available for new trainees and those interested in learning more about the field. It is estimated that 1 in every 250 children has juvenile idiopathic arthritis (JIA) and over 300,000 children in the US have a form of rheumatic or musculoskeletal disease, but there are only approximately 400 practicing pediatric rheumatologists nationwide. Current estimates suggest that approximately a third of medical schools and 40% of pediatric residency programs lack access to a pediatric rheumatologist, significantly impacting training. To help bridge this gap, we created a podcast to provide education on JIA for non-rheumatologist health care practitioners. <b>Methods:</b> Five case-based educational teleconferences were developed and held via Zoom with a live audience. Each session focused on a different subtype of JIA. The audio from each conference was edited into a 45 minute podcast, which was then distributed to attending rheumatologists, residents and medical students via listservs and social media platforms. Pre- and post-testing was used to assess gain of knowledge (6 questions) and gain of confidence (3 questions). Scores were analyzed separately for knowledge acquisition (using paired t-test) and confidence, stratified by level of training. <b>Results:</b> 16 participants completed pre-and post-testing for the first episode and were included in the analysis. Of these, 68.8% were residents and 31.2% were medical students. On average, participants saw a 1 (±1) point increase in their score after listening to the podcast (p=.008). Stratification by level of training revealed a greater increase in score for medical students</p>



<p><b>Ginger Janow (continued)</b></p>	<p>(2 point ± 1) compared to residents (0.5 point ± 0.8). Medical student pre-test scores were lower overall (2, range 1-3) than residents (4, range 2-5). On average confidence increased by 1 point on a 5 point likert scale for topics related to pathophysiology of inflammatory arthritis and mechanism of action of medications for treating JIA, but increased by 2 points for topics related to clinical applications (appropriate use of lab testing, imaging studies and diagnostic assessments). Medical students also saw a greater increase in confidence than residents (fig 1). <b>Conclusions:</b> Our data suggests that the case-based podcast with pre- and post-testing is an effective method of teaching for select learners. In this case, medical students appeared to derive the most benefit, possibly due to a higher starting score/ceiling effect and overall larger fund of knowledge amongst the residents. Both groups saw significant increases in post-intervention confidence surrounding clinical application of knowledge, with the largest gains amongst the medical students. Future research will include assessment of other episodes to control for content-specific factors.</p>
<p><b>Zavia King</b></p>	<p><b>Title :</b>Evaluation of Online Patient Education on Acute Laryngitis: A Readability and Quality Assessment  <b>Authors:</b> Zavia King MS,Katherine Liu BS, Bethany Ho BA, Brian E. Benson MD <b>Introduction:</b> The study evaluates online patient education on acute laryngitis, an inflammation of the laryngeal mucous membranes caused by infectious and noninfectious factors. Patients' ability to understand online information is crucial for informed decision-making about their health. <b>Methods:</b> The first 50 unsponsored Google searches for both terms “Acute Laryngitis” and “Hoarseness in adults” were evaluated using the Flesch Reading Ease Score (FRES), Flesch-Kincaid Grade Level (FKGL), and Simple Measure of Gobbledygook (SMOG) index to determine readability. Content quality, understandability, and actionability were evaluated using the DISCERN rating instrument and the Patient Education Materials Assessment Tool (PEMAT). <b>Results:</b> Out of 100 websites identified, 34 met our inclusion criteria. The average FRES and FKGL scores were 44.19 ± 12.83 and 11.76 ± 3.63, respectively. The average SMOG score was 10.52 ± 2.63, while the average DISCERN score was 3.03 ± 0.5. The average PEMAT understandability score was 55.96% ± 11.18%, with an actionability score of 56.73% ± 8.82%. <b>Conclusion:</b> Online patient education materials for Acute Laryngitis are often of poor quality and use language that is difficult to understand in the general public. This can affect decision-making and the urgency to seek medical care. It is important for clinicians to be aware of these shortcomings, and to improve patient education resources to ensure proper comprehension. Further studies should be aimed at addressing the current limitations of online patient-centered educational resources.</p>
<p><b>Jessica Ludolph</b></p>	<p><b>Title:</b> Effectiveness of an Audience Response System on Resident Learning and Retention <b>Authors:</b> Jessica Ludolph, MD; Andy Reyes-Santos, MD; Susan Mautone, MD <b>Introduction:</b> This paper aims to assess the effects of integrating an Audience Response System (ARS) on actual and perceived retention of information by pediatric residents. The AAP PREP question banks have been used as a complement to the lectures delivered during the academic half day (AHD) and the AAP Pediatrics in Review (PIR) are reviewed weekly. Given prior work on resident satisfaction as it relates to performance (3), it was expected that the implementation of resident-proposed changes (such as integration of an ARS) would improve subjective perception of learning and ultimately objective retention of material. <b>Methods:</b> Each didactic lecture is followed by a review of related PREP questions.The ARS, Slido, was integrated at the beginning of the 23-24 academic year. A mid-year exam (MYE) and end-of-year exam (EYE), composed of 50 questions sampled from the PREP and PIR questions reviewed during the prior 6 months was administered during a one hour session. A survey was distributed via Google Forms to assess resident perceptions of the use of an ARS on their learning. To assess for true retention of information, results from MYE 23-24 were compared to MYE and EYE 22-23. <b>Results:</b> The overall average score was 74 for the MYE 22-23, 72 for EYE 22-23, and 69 for MYE 23-24. When looking only at the data from the classes present for all exams, for the class of 2024 the average score was 80.5 for MYE 22-23, 78 for EYE 22-23 and 78.4 for MYE 23-24. For the class of 2025, the average score was 68.75 for the MYE 22-23 and EYE 22-23, and 65.4 for MYE 23-24. The survey had a 50% completion rate, with 83% indicating that actively answering with Slido helps their retention. <b>Conclusions:</b> Overall, there is a decrease in average scores over time. Despite the mostly positive perception of the ARS on resident learning, we were unable to demonstrate an increase on the MYE and actually saw a small decrease for the Class of 2025. This highlights the need for balance between making desired changes and maintaining learning structures that have been proven to be effective. As was demonstrated here, although there was a positive perception of the ARS, there was no significant improvement in objective retention of educational material.</p>
<p><b>Joshua Luzuriaga</b></p>	<p><b>Title:</b> Digital Pathology in Medical Education: A Scoping Review <b>Authors:</b> Joshua Luzuriaga, Dr. Jennifer Zepf, Professor Dreker <b>Introduction:</b> Digital Pathology in Medical Education is a relatively new phenomenon with origins seen in the COVID era. A substantial amount of research has already been done regarding the topic however; common themes explored include comparing the efficacy of VM versus CM in raising examination scores, cost-effectiveness of VM, VM as a teaching tool as well as increased student interest and engagement due to VM. While VM has no doubt presented many benefits for the medical education community, its adaptation alone is not enough; examination scores are optimized when VM is combined with other teaching modalities such as active learning through TBLs, gamification, frequent testing and a blended approach with</p>

	<p>inclusion of CM. This article is a scoping review consisting of current literature and suggestions of future directions that VM research can take; it would also be interesting to further investigate specific features of VM e.g. annotation, home accessibility and to assess their individual effect on student’s learning. It will be curious to track if interest spikes in Pathology as a specialty as a result of VM. Various technologies e.g. Artificial Intelligence (AI), Virtual Reality (VR) and Augmented Reality (AR) are also being developed alongside VM and it will be interesting to witness its continuous evolution in the near future.</p>
<p><b>Aazam Parvez</b></p>	<p><b>Title:</b> Understanding Medical Student usage of Chat GPT <b>Authors:</b> Aazam P, Bachir H, Ullah N, Han Z, Zepf J  <b>Introduction:</b> In the evolving landscape of medical education, the integration of Artificial Intelligence (AI) marks a transition to an era driven by transformative technologies. AI’s burgeoning role in knowledge acquisition necessitates a redefined approach, emphasizing comprehensive understanding. While discussions often center on AI’s clinical impact, its implications for medical education remain underexplored. This study addresses the gap by focusing on student experiences with ChatGPT, an advanced AI language model. Through a detailed survey, we aim to unravel nuances in ChatGPT’s utilization, exploring student perceptions, ethical considerations, and its role in optimizing future physicians’ educational journey. <b>Methods:</b> This cross-sectional study at Hackensack Meridian School of Medicine explores medical students’ experiences with ChatGPT. Combining quantitative and qualitative methods, it assesses usage, satisfaction, and impact, with demographic influences explored. Participants from 2020-2023 cohorts and 2019 graduates are recruited through GroupMe and email invitations. The three-month study collects data via Google Forms for anonymity, employing descriptive and inferential analysis. <b>Results:</b> The survey, comprising 116 medical students, predominantly aged 25-29, revealed a balanced gender distribution. Cohort 2022 was most represented, and Rarely/Never; usage of ChatGPT was most common, reported by 33 respondents although 9.6% reported high familiarity and 30.4% reported moderate familiarity with ChatGPT. Usage purposes included writing assistance (41 respondents), explaining class material (40), and acquiring general medical knowledge (39). Among the myriad of applications, 53.6% of students did not deem ChatGPT utilization in medical education as constituting cheating, whereas 28.2% considered its use for completing curriculum assignments as cheating. ChatGPT was most utilized in the subjects of pathology (40) and physiology (42). While 27.2% expressed confidence in detecting errors (rating 4/5), 10.5% and 15.8% had lower confidence (ratings 1 and 2/5). Moderate cross-checking frequency (rated 2/5) was reported by 27.1%. A majority (68.4%) conveyed optimism about AI tools enhancing medical education, despite concerns about error detection and verification. <b>Conclusion:</b> Medical students utilize ChatGPT for an array of educational activities and are largely optimistic about AI integration into medical education. Respondents expressed familiarity with the functionality of the language learning model and generally do not consider its use as cheating. Participants expressed confidence in ability to detect errors but did not report frequent cross-checking behavior. These findings underscore the need for comprehensive training on ChatGPT for proper integration into medical education.</p>
<p><b>Liem Pham</b></p>	<p><b>Title:</b> Student Burnout and its Effects on Specialty Interest <b>Author:</b> Liem Pham <b>Introduction:</b> With the issues of mental health coming to light in the media, it is no surprise that medical personnel have been scrutinized the most. With increasing demand and advances in medicine, both the mental health crisis and physician shortage continues to rise. This unfortunately has led to mental health crises that have led many to face burnout or even depression. While the idea of burnout has been well studied, there is no real data that shows there is a correlation between the amount of burnout the medical student experiences and the specialty they decide to go into. The purpose of this study is to assess whether the amount of burnout experienced by medical students correlates with the specialty choices they decide to pursue throughout their course of schooling. <b>Methods:</b> To assess burnout amongst students, a redcap survey incorporating the verified 23-Question Burnout Assessment Tool (BAT) was created. The survey recorded school attended, school year, interested specialty, activity level, sleep, and 23 BAT questions. Competitiveness was defined as any specialty with a match rate lower than or equal to 83.9% based off of the National Matching Residency Program (NMRP) data. 108 US medical students from LCME accredited medical schools were recruited and enrolled electronically via a Redcap link. Once data was collected, average BAT scores and standard deviations were calculated for competitive versus non-competitive groups and the four different years of medical school, with a 95% confidence interval and p-value of 0.05. <b>Results:</b> Of the 108 participants, those in the competitive category (n=39) scored a 2.72 (SD = 0.689) while the non-competitive category (n=68) scored 2.63 (SD 0.594) (p = 0.3). First year medical students (n=14) scored 2.57 (SD=0.617), second years (n=40) scored 2.68 (SD=0.539), third years (n=45) scored 2.57 (SD=0.624), and fourth years (n=9) scored 3.21 (SD=0.825) (p=0.013, 0.012, 0.004). Of the fourth-year students, 1 student was pursuing a “competitive” specialty while the remaining 8 were “non-competitive.” Overall, the average score for all medical students was 2.66 (SD=0.627). <b>Conclusions:</b> The data reveals that there is no statistical correlation between the amount of burnout a student experiences and their specialty of interest. However, the data additionally revealed that the fourth-year medical students were experiencing a much higher level of burnout than the 3 previous years, with a score of 3.21 categorizing them as “burnout most likely” according to the BAT. With fourth year students</p>

	<p>about to enter the hardships of residency, this unfortunately pre-disposes them to experience the effects of burnout before even starting their long careers, potentially worsening the physician and mental health crisis in medicine today. Therefore, this study highlights the importance of early intervention in combating the effects of burnout at the level of medical school, prior to students entering the workforce as residents.</p>
<p><b>Andreja Radevic</b></p>	<p><b>Title:</b> Analysis of Pipelining in the United States Otolaryngology Match <b>Author:</b> Andreja Radevic <b>Introduction</b> Otolaryngology-Head and Neck Surgery (OHNS) is consistently one of the most competitive specialties to match into in the United States. 1 Pipelining is the phenomenon whereby applicants from the same medical schools repeatedly match at the same residency programs. 2 With the presence of virtual interviewing and the change to the United States Medical Licensing Examination (USMLE) Step 1 from a numerical grade to a pass/fail format, residency programs often place a higher priority on applicant familiarity when selecting applicants. 3,4 This study aims to quantify and compare the prevalence of pipelining in the OHNS match across geographic regions in the United States, emphasizing the importance of awareness for both applicants and program directors. <b>Methods</b> This was an observational study. Publicly available information on medical school enrollment for all current residents at a given program was collected for all 2024 Electronic Residency Application Service® (ERAS®) participating programs. Programs were categorized by geographic region (Northeast, South, West, Midwest). Pipelining ratio was calculated as; pipeline ratio = total number of current residents/total number of medical schools represented. The proportion of residents that attended the most represented medical school at each respective program and the number of years where 2+ applicants from the same medical school matched into a given residency program over the previous five years was calculated. <b>Results</b> A total of 125 participating programs were noted by the ERAS® 2024 Participating Specialties and Programs database, with 106 included in this study. The median pipelining ratio amongst all included programs was 1.29 (IQR = 0.300; Range = 1.00 - 5.00). The median proportion of each program's residents composed of the single most represented medical school was 0.220 (IQR = 0.165; Range = 0.0576 - 1.00). The median number of years where 2+ applicants from the same medical school matched was 1.00 (IQR = 2.00; Range = 0 - 4.00). Amongst geographic regions, there was no significant difference in the pipelining ratio (p=0.65), proportion of each program composed of applicants from the most represented medical school (p=0.30), or number of years where 2+ applicants from the same medical school matched at a program (p=0.65). <b>Discussion/Conclusions</b> Most programs exhibited low to moderate pipelining, with pipelining practices not displaying geographic differences. However, pipelining practices varied amongst programs. These practices may result in matches via inequitable means where medical school status or personal connection with a program influences a successful match. If the issues presented in this project are addressed within the wider OHNS community, this may result in a more equitable match process and diverse membership. Limitations of this study include scope - we evaluated 84.8% of the ERAS® participating OHNS programs with five years of residents and could not obtain data on the remaining programs. Also, the reasons for high levels of pipelining at certain programs could not be determined, so we cannot specifically comment on whether this was due to the undue influence of medical school attendance or other reasons.</p>
<p><b>Vishal Ramjas</b></p>	<p><b>Title:</b> Scholarly Activity in the Post COVID Era: One Program's Strategy to Increase Scholarly Activity and Research Engagement Amongst Internal Medicine Residents <b>Authors:</b> Vishal Ramjas, MD, Isaac Soliman, MD, Roveena Goveas, MD, Bijal Mehta, MD, FACP <b>Introduction:</b> The COVID-19 pandemic resulted in a drop-off in scholarly output from the Internal Medicine residency program. To counter this trend, the program redesigned its curriculum, placing a renewed emphasis on resident engagement in scholarly activity. The first step was to create a Resident Research and Publication Committee. The committee's charge was to serve as a repository for interesting cases, track research activity, store research resources (such as case report, IRB, and poster templates), and foster an environment for research collaboration. <b>Methods:</b> The program increased the requirements for scholarly activity for graduation for the 2022-2023 year. Residents must submit two case reports, complete one QI project, and present a Chief of Service lecture during the senior year. Each resident is assigned a faculty mentor, whose responsibility is to provide oversight to their mentee's scholarly activity. A timeline for completion of the QI project was developed (Figure 1). PGY1 residents are to complete Citi Training during the internship year. The research question is developed early in PGY2, and the IRB process and data collection occur in the early part of PGY3. The remainder of PGY3 is spent on data analysis, write-up, and preparation for presentation. <b>Methods</b> The program increased the requirements for scholarly activity for graduation for the 2022-2023 year. Residents must submit two case reports, complete one QI project, and present a Chief of Service lecture during the senior year. Each resident is assigned a faculty mentor, whose responsibility is to provide oversight to their mentee's scholarly activity. A timeline for completion of the QI project was developed (Figure 1). PGY1 residents are to complete Citi Training during the internship year. The research question is developed early in PGY2, and the IRB process and data collection occur in the early part of PGY3. The remainder of PGY3 is spent on data analysis, write-up, and preparation for presentation. The patient population at our suburban community hospital is diverse with unusual and atypical pathologies, providing ample substrate for residents to easily submit two case reports over a three-year residency. A case</p>

<p><b>Vishal Ramjas (continued)</b></p>	<p>report template has been created to assist residents through the process of case report write-up and submission (see Figure 3). Finally, there are multiple opportunities provided to share the output of scholarly activity. We have a record of submissions to local, regional, and national conferences (see Figure 4). The Annual Scholar’s Day at our hospital and Medical Education week with our sponsoring institution provide opportunities for the residents to present their research to the larger community. <b>Results:</b> For the 2021-2022 academic year, we had 15 items of faculty scholarly activity (as reported in WEBADS). For the 2022-2023 academic year, we had 39 items for faculty scholarly activity (35 case reports and 10 articles). In addition, the faculty mentored the Class of 2023 in 8 QI projects. The residents had higher participation in academic conferences and markedly increased number of case reports (from 6 cases in 2021-2022 to 24 cases in 2022-2023). <b>Conclusion:</b> In conclusion, the updated research curriculum in the Internal Medicine residency program has effectively improved resident involvement in research and dramatically increased both resident and faculty scholarly output. We have successfully developed a vibrant research community inside our residency program and hope to maintain and grow our initiatives.</p>
<p><b>Linda Siracusa</b></p>	<p><b>Title:</b> Teaching Awareness of Cancer Disparities to First Year Medical Students <b>Authors:</b> Alexander C. Ekwueme &amp; Linda D. Siracusa <b>Introduction:</b> Disparities exist across the spectrum of health care, and patients with cancer are no exception. The Cancer Disparities Progress Reports written by the American Association for Cancer Research (AACR) highlight multiple aspects of cancer disparities among different racial/ethnic groups and underserved populations in the U.S. Based on these reports as well as numerous publications in the literature, the cancer disparities that exist among different racial/ethnic groups include, but are not limited to, diagnosis, tumor genome sequencing, and targeted cancer therapies. The goal of this project was to introduce first year medical students to the magnitude of these disparities in cancer care and stimulate discussion about why they exist and whether they are impacted by social determinants of health. <b>Methods:</b> The publicly available Surveillance, Epidemiology, and End Results (SEER) database, supported by the National Cancer Institute, was used as a starting point. The SEER program “provides information on cancer statistics in an effort to reduce the cancer burden among the U.S. population” (seer.cancer.gov). Short slide sets were created that showcased the rate of new cases (incidence) and the death rate (mortality) per 100,000 persons by race/ethnicity and sex for every cancer type that was the focus of a teaching session for first year medical students at the HMSOM. <b>Results:</b> By incorporating quantitative cancer-type-specific data into class sessions, faculty had a starting point to discuss disparities in cancer incidence and mortality between different racial/ethnic groups as well as between the sexes. In addition, faculty had the opportunity to investigate the reasons for these disparities (where known) prior to class and discuss these with students. A review of class recordings revealed questions asked by medical students regarding the reasons for disparities across cancer types. For cancers where the cause(s) of health disparities were unclear, students expressed a desire to search the literature for a deeper understanding of potential causes and solutions. <b>Conclusions:</b> Quantitative data showing the number of people in different racial/ethnic groups and the sexes affected by cancer are powerful examples to open the door to awareness about disparities across cancer care. Shedding light on these problems during class made medical students question why the differences existed and have thoughtful discussions about the underlying causes and potential approaches for reducing disparities among patients with cancer.</p>
<p><b>Brittany Telford</b></p>	<p><b>Title:</b> Demystifying concussion: implementation of a concussion curriculum in a family medicine residency <b>Authors:</b> Brittany Telford, Shamik Shah, Aditya Bhattacharyya <b>Introduction:</b> With an estimated 1.8-3.8 million sports-related mild traumatic brain injuries occurring in the United States each year, concussions pose immediate and long-term health complications. 1 Misdiagnosis and mismanagement of concussion can lead to devastating consequences including increased morbidity and mortality, such as second impact syndrome, post-concussion syndrome and chronic traumatic encephalopathy. 2, 3 Primary care often serves as the likely entry point into the healthcare system for patients with concussion, with most states requiring medical clearance prior to return to play in high school sports. 4, 5 Although approximately 95% of family physicians encounter patients with concussion annually, studies on primary care residents have identified deficiencies in concussion management and diagnosis, as well as broader sports medicine education. 6,7 The primary aim of this study was to assess the attitudes and knowledge of family medicine residents in the diagnosis and management of concussions. Our secondary goal was to evaluate the change in assessment scores following the implementation of a novel concussion curriculum. <b>Methods:</b> From November 2023 to February 2024, family medicine residents (n=23) in a community residency program in New Jersey were required to complete a multimodal concussion curriculum including a lecture, a practical workshop and board-style questions. Residents volunteered to participate in a pre and post curriculum survey, which was adapted from a previous study by Boggild and Tator. The survey was sent via google forms. The survey consisted of three sections, section one contained eight questions on demographic data, medical education and comfort in diagnosing and treating patients with concussion; section 2 included nine questions to assess knowledge of concussion definition and management; section three asked questions on past learning experiences and preferred</p>

	<p>learning format. All results were anonymous. <b>Results:</b> Of the 23 surveys emailed, 20 pre-curriculum surveys (87%) and 19 post-curriculum surveys (82%) were completed. 70% of residents (n=6) identified that they have never managed a patient with concussion in residency and 85% have never managed post-concussion syndrome. 70% of residents indicated that they need more education about concussions. Prior to the curriculum, 20% of residents felt comfortable with their ability to diagnose concussion, which improved to 55% post-curriculum. On average, residents scored 1.17 questions better on post- curriculum knowledge questions compared to pre-curriculum results. The survey identified several misconceptions among residents. Prior to the curriculum, 15% of residents (n=3) thought a loss of consciousness was required to diagnose concussion. This decreased to 0% post-intervention. When asked to select all points in the appropriate management of concussion, 20% (n=4) did not select “every concussed individual should see a physician”, which improved to 10% of residents following intervention. <b>Conclusions:</b> The objective of this study was to investigate resident knowledge and comfort in the diagnosis and management of concussion. Pre- and post- intervention results demonstrate that a formal curriculum in family medicine residencies may improve overall concussion knowledge, reduce misconceptions and improve overall confidence. Larger studies involving multiple family medicine residencies are needed to strengthen this recommendation. Future studies should also incorporate clinical experience to enhance knowledge application.</p>
<p><b>Michelle Timmons</b></p>	<p><b>Title:</b> Analyzing Gender, Gendered Language, and E-reader Accessibility: An Examination of US Medical School Websites Authors: Hatazaki, Mai M; Timmons, Michelle C; Issac, Issac; Zepf, Jennifer; Oladipo, Antonia <b>Purpose:</b> Prospective applicants view medical school websites for a deeper understanding of the academic environment and culture. Website diversity elements can provide insight into an institution's initiatives, resources, and support systems. <b>Background:</b> With virtual interviews and increasingly accessible internet resources, medical school applicants now rely on program websites for application decisions (1, 2). It is well established that website diversity content impacts employment application behavior (3) and this may similarly apply to the medical education application process. We aim to examine US medical school diversity content including gender, gendered language, and e-reader accessibility for the visually impaired. <b>Methods:</b> All US-based medical doctor (MD) and doctor of osteopathy (DO) schools with individual, program-specific websites were evaluated. Raters evaluated perceived gender (men, women, unable to say) and presence of meaningful alternative text (e.g. “Students walking on a campus” vs “picture123.jpg”) for up to 9 images per program. Gender-related language was categorized as ‘fully inclusive’, ‘neutral’ or ‘not inclusive’ (4). <b>Results:</b> 1041 unique images from 194 US MD and DO medical school programs were analyzed. Over half (53%) of all website images depict both men and women. While 49% of images had associated alternative text for an e-reader for the visually impaired, only 25% of this text was meaningful. The majority of websites (86%) did not use gendered language or make explicit references to gender inclusivity. <b>Conclusions:</b> Most US medical school website images depict at least two genders. However, the overwhelming number lack gender-inclusive language and meaningful alternative text for the visually impaired. The identification of these gaps can encourage website modifications, promoting a culture of inclusivity and potentially leading to a more diverse applicant pool.</p>
<p><b>Michelle Timmons</b></p>	<p><b>Title:</b> Comparing Diversity, Equity, and Inclusion on US MD and DO Graduate Program Websites. <b>Authors:</b> Timmons, Michelle C; Hatazaki, Mai M; Issac, Issac; Oladipo, Antonia; Zepf, Jennifer. <b>Introduction:</b> We assessed United States-based Medical Doctor (MD) and Doctor of Osteopathy (DO) programs’ websites for outcome measures related to diversity, equity, and inclusion including image skin tone representation and overall presence of diversity-related messaging. The presence of diversity messaging on residency websites predicts tangible outcome measures including a higher proportion of residents from backgrounds traditionally underrepresented in medicine (URM) (1,2). Medical images have traditionally under-represented darker skin tones (3,4). Image representation and diversity messaging on medical school websites have not been previously examined . This study aims to evaluate diversity related language and skin tone representation on US MD and DO websites. <b>Methods:</b> All US-based MD (N=152) and DO (N=42) programs with unique websites were analyzed. Raters evaluated skin tone, gender, and race representation for up to 9 images per program, program-level diversity-related language use, and program-specific diversity page presence. <b>Results:</b> Both MD and DO programs over-represented lighter skin tones (r2=0.88). MD programs were more likely to depict darker skin tones (p=0.004) and show a higher number of skin tones on average (p=0.02). DO programs were more likely to depict lighter skin-tone individuals (p=0.013). MD and DO programs did not differ in their overall usage of DEI-related language or gendered language. DO programs were less likely to have a program-specific diversity page (p=0.02). MD programs were more likely to report their proportion of URM students (p=0.0053), but proportion of URM students did not differ between programs. <b>Conclusions:</b> Although MD and DO program website images both over-represent lighter skin tones, DO programs may show a higher degree of over-representation. Although DO programs show less program-specific diversity messaging, their rates of URM student enrollment did not differ from MD programs. Further research on DEI initiatives is needed to bridge this gap.</p>

Michelle Timmons	<p><b>Title:</b> US Medical School Websites' Images Consistently Under-represent Darker Skin Tones <b>Authors:</b> Timmons, Michelle C; Hatazaki, Mai M; Issac, Issac; Oladipo, Antonia; Zepf, Jennifer <b>Purpose:</b> We evaluated skin tone representation in images on medical school websites for all United States-based Medical Doctor (MD) and Doctor of Osteopathy (DO) programs. <b>Introduction:</b> Images in medical school textbooks and reference materials historically over-represent lighter skin tones, and under-represent darker skin tones. (1,2) The present study describes skin tone representation in images on medical school websites, and its relationship with school demographics. <b>Methods:</b> All US-based MD and DO programs with unique websites were evaluated. Raters selected the first 3 still images depicting one or more people from each program's homepage, admissions page, and mission page, or up to 9 images per program. Skin tone was ranked on a 10-point scale (3), and data collected about race, gender, and age representation in the same images. <b>Results:</b> 1041 unique images from 194 US MD and DO medical school programs were analyzed. Images overrepresented lighter skin tones, with 57.1% of all images depicting at least one person of the lightest skin tone. Only 14.8% of images depicted at least one person of the four darkest skin tones combined. Although most images (N=638, 61.3%) depicted multiple skin tones, 80% of images that depicted only one skin tone depicted the two lightest skin tones. <b>Conclusions:</b> US MD and DO programs under-represent darker skin-tones in images on their websites, even when images depict diverse groups of multiple skin tones. The impact of diversity on websites on application behavior has been well established (4), and specifically related to URM representation in residency cohorts (5). This suggests increased image representation of darker skin tones may constitute an actionable diversity initiative for American medical schools and graduate programs in general.</p>
Tovah Tripp	<p><b>Title:</b> Information mastery skills among pre-clerkship students in a Patient Presentation Problem Based Learning Curriculum <b>Authors:</b> Tovah Tripp, Joshua Josephs, Ofelia Martinez, Miriam Hoffman, Chris Duffy, Margaret Dreker <b>Purpose:</b> To detect whether students are able to apply formative information mastery skills during self-directed research presentations in Problem-Based-Learning (PBL) sessions <b>Background:</b> At Hackensack Meridian School of Medicine, our curriculum includes early education on the use of information mastery techniques in conjunction with self-directed research presentations during PBL sessions. Before undertaking the PBL research presentations, students receive the first of their information mastery curriculum sessions. This reviews the Finding Information Framework and appropriate citation practices. These research presentations serve as an opportunity for self directed learning and application of the principles of information mastery. <b>Methods:</b> Librarian staff trained by Tovah Tripp, the director of the PBL curriculum, reviewed 273 presentations during the first two courses of the pre-clerkship curriculum using four criteria. These included: (1) Appropriate scope of presentation (2) correct categorization of the question based on the finding information framework (3) appropriate resource used (4) search strategy (5) bibliographic citations according to school guidelines. <b>Results:</b> All students had an appropriate scope for their question. Of the students whose presentations were assessed, 81% correctly classified their questions. 90% of students used an appropriate resource. 90% used the correct search strategy. 94% followed our bibliographic citation standards. <b>Conclusion:</b> Following a two hour information mastery session covering the Finding Information Framework, categorization of question and a review of appropriate citation practices students were able to routinely and reliably utilize these skills in their research presentations that are part of the problem based learning curriculum.</p>
Tovah Tripp	<p><b>Title:</b> Themes in student peer feedback on research presentations in a Problem Based Learning curriculum <b>Authors:</b> Tovah Tripp, Joshua Josephs, Ofelia Martinez, Miriam Hoffman, Chris Duffy, Peggy Dreker <b>Purpose:</b> To examine themes in feedback that students provide to one another on their research presentations during a Problem Based Learning curriculum <b>Background:</b> At Hackensack Meridian School of Medicine students present on a regular schedule to their PPPC groups regarding a topic on which they have developed a self directed learning presentation. Students receive peer feedback from one colleague each week they present. We sought to classify the students' written feedback into themes to identify what positive and negative feedback students gave. <b>Methods:</b> After evaluating the first twenty students' feedback we identified that there were four themes crossing positive and negative feedback on their peers. These themes were (1) comments on styles of presentation (ie: verbal or visual), (2) that the student had nothing to improve on (3) the actual content of the presentation (4) whether the student had included appropriate bibliographic citations. We evaluated 346 research presentations and classified the first comment the student made into one of these categories. <b>Results:</b> 50% of the comments addressed issues of presentation style, 10% had no substantive feedback or said the presentation was good, 33% percent commented on content, and 7% commented on issues with citations. <b>Conclusions:</b> Students were able to reliably provide substantive feedback on their colleagues' research presentations. The majority of comments fell into either areas for improvement or praise for presentation style or for content covered. Despite frequently reminding the students about the importance of citing resources, this remains an area for improvement.</p>

<p><b>Tovah Tripp</b></p>	<p><b>Title:</b> Tracking students ability to use a standardized format for creation of differential diagnosis across pre-clerkship courses <b>Authors:</b> Tovah Tripp MD, Ofelia Martinez MD,MPH, Joshua Josephs MD/PhD <b>Purpose:</b> Developing diagnostic reasoning skills is important for pre-clerkship students. This is practiced iteratively in Hackensack Meridian School of Medicine’s modified Problem Based Learning (PBL) curriculum. <b>Background:</b> Pre-clerkship students work in groups of 8 and receive information from a clinical case that relates to the basic, clinical, and health systems science content taught that week. A Google form was developed for sequential release of case information to practice diagnostic reasoning. The initial section is devoted to development of the differential diagnosis based on the patient’s chief complaint, age, and gender. Students use this tool weekly starting midway through the pre-clerkship curriculum. Instruction in differential diagnosis generation is given in a process based manner in both PBL and clinical skills. <b>Methods:</b> We examined Google form submissions for each small group, looking at each category of VINDICATES for a specific chief complaint. The first diagnosis listed was graded on a score of not reasonable (0 points), reasonable but unusual (1 point), or reasonable (2 points), for a maximum score of 20. Diagnoses were scored by a trained PBL facilitator. <b>Results:</b> In the first course, virtually all groups provided a diagnosis in each category using the VINDICATES model (95.4%). The average score for each group was 13.95 (standard deviation 1.24). In the second course, the average score was 15.33 (standard deviation 1.74). In the third course, the average was 12.63 (standard deviation 2.41). In the last pre-clerkship course, the average was 13.84 (standard deviation 3.04). Over four courses, we saw that groups did not share the same average value with a p-value for difference of 0.03. <b>Conclusions:</b> Despite limited medical knowledge, students suggest diagnoses that they have not yet covered in coursework the majority of the time. Diagnostic accuracy was generally average and improved over time.</p>
<p><b>Tovah Tripp</b></p>	<p><b>Title:</b> Utilization of concept mapping in a problem based learning environment to highlight Determinants of Health and Health Systems Science <b>Authors:</b> Tovah Tripp, Joshua Josephs <b>Purpose:</b> Students struggle to contextualize health systems science and the course can feel divorced from patient care. <b>Background:</b> Hackensack Meridian School of Medicine (HMSOM) was founded on a vision of addressing the determinants of health in the daily practice of medicine. The school has a required active learning curriculum partially conducted through small group problem-based-learning entitled Patient Presentation Problem-based-learning Curriculum (PPPC). This course includes a Monday morning discussion of a patient presentation and a Friday small group session including concept mapping the week’s basic and health systems science content. To help students contextualize and bring health systems science (HSS) principles into their everyday practice, PPC at HMSOM requires that concept maps include not just basic science concepts from that week but also explicitly label HSS topics and the determinants of health (DOH). <b>Methods:</b> We reviewed group concept maps from 7 preclerkship courses, split into 3 units. There were an average of 18.9 concept maps per course available to review, with roughly 8 students per group. We reviewed how many concept maps included DOH icons and followed that trend throughout each unit of the pre-clerkship curriculum. <b>Results:</b> In Unit 1, 65% (36/55) of group concept maps included determinants of health which improved to 77% (27/35) in Unit 2. In Unit 3, only 40% (17/42) included DOH. <b>Conclusions:</b> Students sometimes include DOH on their concept maps and this improves from Unit 1 through Unit 2. However, students do not prioritize inclusion of DOH in their concept maps at the end of the pre-clerkship curriculum. This may be due to a decreased focus on DOH, or related to students’ tiring of preclerkship curricular activities including concept mapping. Providing feedback to students on inclusion of DOH in concept mapping may help improve this skill prior to the start of clerkships.</p>
<p><b>Jillian Weinfeld</b></p>	<p><b>Title:</b> The Development and Analysis of a High School STEM Collaboration with Mentorship by Family Medicine Residents <b>Authors:</b> Jillian Weinfeld, MD, Martha Smith, DO, Chandani Patel, MD, Tarun Kakumanu, DO, Kirstey Yee, MD, Rubab Farooq, MD, Kenneth Kronhaus, MD, Kelly Ussery-Kronhaus, MD <b>Introduction:</b> The integration of STEM curricula into high school coursework plays a pivotal role in influencing the career paths of high school students, thus leading to a higher percentage of students pursuing a scientific field. Subsequently, a collaboration has been established between the Ocean University Medical Center (OUMC) Family Medicine Residents and the Brick High School STEM students. The resident mentors have been paired with 8-10 groups of freshman students to develop a research question and design a tangible research study about a medical topic relevant to the high school community. <b>Methods:</b> A research based curriculum focused on the scientific method has been developed by the faculty and residents. The resident mentors and students meet in person and virtually to discuss strategies for data collection, perform basic statistical analyses and ultimately draw conclusions regarding the topics. Three toolkits have been created in order to: (1) determine the project focus, (2) develop a measurement plan, and (3) identify barriers to completing the project. Upon completion of the first year of the collaboration, data was collected using Google Forms surveys which were distributed to the STEM students and residents. The survey results were analyzed by question using an exploratory sequential design. Attitudes toward the topics were assessed using a 5-point Likert scale. <b>Results:</b> This project is part of an ongoing collaboration, therefore data collection is continuous. Preliminary data reveals that 44.4% of those enrolled in this collaboration were “undecided” regarding their intent to enroll in premedical coursework. 68.7% of respondents reported a 4-5 on a 5-point scale affirming the resident mentors helped them develop a</p>

<p><b>Jillian Weinfeld (continued)</b></p>	<p>research question and 81.25% reported a 4-5 that the residents helped further their understanding about the process of research. At baseline, 16.7% of students were interested in a career in healthcare, however, at 9 month follow-up 33.3% of students reported a 3-4 out of 5 likelihood of pursuing a healthcare career. 62.5% of resident mentors reported a level 5 interest in STEM education prior to the collaboration which increased to 75% after involvement. 75% of resident mentors reported a 4-5 out of 5 likelihood of pursuing additional training in medical education. <b>Conclusions:</b> The results identify the importance of resident involvement in high school STEM education. Given that nearly half of students enrolled in the STEM program are “undecided” regarding a college major, a collaboration with residents has the potential to inspire young scientists to enroll in a pre-medical program during the next phase of their education. Similarly, the experience of family medicine residency prepares resident physicians to take on these mentorship roles. The data demonstrates that family medicine residents are interested in obtaining further training in medical education and this can be built into residency training programs to improve such collaborations. These partnerships have the ability to impact the educational trajectory of high school students and ultimately create more physicians in our community.</p>
<p><b>Tai West</b></p>	<p><b>Title:</b> OpenIPE: Development and Pilot Testing of a Training Tool for the Initial Psychiatric Evaluation <b>Authors:</b> Tai West, Amir Elsamadisi, Jake Stabile, Alexandra Khanyutin, Kristen Clark <b>Introduction:</b> Medical students routinely learn how to conduct a thorough history and physical examination (H&amp;P). However, the Initial Psychiatric Evaluation (IPE) differs substantially from the typical H&amp;P. Students often struggle with IPEs because they lack a roadmap for conducting a detailed, thoughtfully-structured psychiatric interview. We sought to develop a concise, comprehensive interview tool to help students perform Initial Psychiatric Evaluations (IPEs). <b>Methods:</b> We designed OpenIPE via an iterative process based on Continuous Quality Improvement (CQI): (1) We constructed a one-page tool encompassing all elements of a standard IPE, e.g., history of presenting condition, social history, psychiatric treatment history, mental status exam, suicide risk assessment; (2) We field-tested the tool; (3) We reviewed relevant literature and revised OpenIPE to reflect current research evidence on suicide risk assessment and substance use screening; (4) Clinical faculty observed us performing IPEs with OpenIPE, and helped restructure the tool for enhanced rapport-building; (5) We obtained anonymous feedback from medical students (n=14); (6) We created an Epic template with fields matching all data categories in OpenIPE. <b>Results:</b> Through CQI, we created a streamlined, evidence-based IPE tool. 78.6% of users (11/14) felt that OpenIPE enhanced their confidence performing IPEs. 100% (14/14) reported that OpenIPE helped them to perform more thorough IPEs, and 85.7% (12/14) stated that OpenIPE improved the quality of their clinical documentation. <b>Discussion/Conclusion:</b> OpenIPE is a valuable tool for improving the quality of medical students’ psychiatric interviewing skills while achieving seamless integration with the electronic medical record. While our experience demonstrates OpenIPE’s feasibility and acceptability in both outpatient and inpatient settings, limitations include the fact that this pilot evaluation occurred within a single hospital system, and quantitative data were limited to a single medical student cohort. Further refinements could be achieved by testing OpenIPE in additional settings.</p>
<p><b>Julia Wickman</b></p>	<p><b>Title:</b> A Social Ecological Model for Understanding Barriers and Solutions to Quality Healthcare for LGBTQ+ Youth. <b>Authors:</b> J. Wickman, S. Mukherjee, A. Mintz, Northridge, JL. <b>Introduction:</b> The population of youth, adolescents, and young adults who identify as lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ) in the United States has doubled over the last two decades. It is estimated that there are nearly five million young adults, aged 18-24, who identify as LGBTQ. However, this population experiences poor health outcomes. Compared to peers, these individuals are more likely to experience isolation, rejection, substance use, sexually transmitted disease (STD), cancers, cardiovascular diseases, and obesity. There is a clear demonstrated need for accessible, high-quality healthcare for this group. Although there is a large body of knowledge about barriers to healthcare available, the current field of LGBTQ youth and young adult research lacks a systematic framework. The social ecological model is a widely used public health tool that examines how various spheres of influence impact health outcomes. The categories of influence, from smallest to largest, include the intrapersonal (individual), interpersonal (interactions), organizational, community, and societal levels. This project proposes the use of the social ecological model for categorizing healthcare gaps and developing high-impact solutions. <b>Methods:</b> A search strategy using a combination of five phrases was employed in Google Scholar and PubMed. The search yielded 354 articles. Youth and young adults were defined as individuals up to 28 years old. Only primary research articles from the last 10 years were included. This search generated a preliminary list of potential barriers to LGBTQ youth and young adult health care across healthcare settings, including primary care offices, hospitals, and gender affirming care locations. Perspectives of LGBTQ youth and young adults, their families, and providers were considered from primary articles. All articles that met the criteria were collaboratively analyzed and barriers were coded by the research team. Each barrier was assigned to a level of influence within the social ecological model according to previously delineated definitions. <b>Results:</b> A total of 37 articles met the criteria, and a total of 39 barriers were identified. Eight barriers were identified at the intrapersonal level (1), twelve at the interpersonal level</p>

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(continued)**

(2), nine at the organizational level (3), six at the community level (4), and two at the societal level (5). The most commonly cited barrier(s) at each level were 1) fear of provider reaction to LGBTQ status disclosure and cost, 2) microaggressions, discrimination, and judgment from providers, 3) poor provider education about how to care for LGBTQ patients, 4) lack of knowledge about where to find LGBTQ-friendly providers, and 5) internalized stigma against LGBTQ individuals. Several potential solutions were also identified, including a role for more rigorous medical education about LGBTQ care, compilation of community healthcare resource sheets for LGBTQ youth and young adults, and increased diversity and inclusion training. **Conclusion:** In conclusion, the social ecological model is a novel framework for understanding barriers to quality healthcare and developing targeted solutions to improve health outcomes for LGBTQ youth, adolescents, and young adults.

# Innovation Abstracts

(Sorted Alphabetically by Submitting Author's Last Name)

<p><b>Nicole Acero</b></p>	<p><b>Title:</b> Hackensack Meridian School of Medicine Procedural Doula Program <b>Author:</b> Nicole Acero, M4 <b>Mentor:</b> Melissa Figueroa, M.D. <b>Background:</b> Pre-clinical medical students have limited opportunities for patient interaction in the clinical setting as education is largely lecture based. In particular, they lack exposure to more intimate procedures such as those requiring pelvic exams. Incorporating students in doula roles for intimate processes such as labor and delivery and medication abortion have been noted to improve students' personal and emotional development, communication and advocacy skills, and clinical knowledge. Increasing opportunities for gratifying clinical experiences in other areas of gynecology can provide opportunities to develop these skills. Additional support during procedures that require pelvic exams may be beneficial to patients as well, as patients often report experiencing pain and anxiety during office gynecologic procedures. For example, patients undergoing office-based surgical management of a failed or undesired pregnancy often report fear of pain and anxiety pertaining to the procedure. An increasing influence of TikTok and other social media websites on patient perception of gynecologic procedures such as IUD placements has also been noted to increase patient fear and anxiety . There have been many varied interventions to attempt to address procedure pain during varied office procedures with mixed results and often not addressing all of the elements that may contribute to patient centered care and overall satisfaction with the experience . For example, doulas are trained to specifically address women's physical and emotional needs in obstetric and gynecologic care. One randomized controlled trial showed that patients undergoing first trimester abortions wanted additional support in addressing informational and emotional needs before and after the procedure and would recommend a doula support as routine. <b>Design:</b> Prospective Cohort Study using convenience sampling; Pragmatic design. <b>Evaluation Plan:</b> Students will take a self-reported survey prior to doula training which evaluates for confidence in clinical skills and knowledge of gynecologic procedures. Students will also write a reflection after each patient experience. After 5 patient encounters, doulas will take the same survey and answer whether or not the program had a positive impact on my education, emotional development, and personal development. <b>Feasibility:</b> HMSOM Dean's Research Grant obtained for funding. IRB approval in process. <b>Intended Outcomes:</b> I. Equip medical students with the skills necessary to provide effective support for patients at HUMC FAP undergoing gynecology procedures in office-based settings. II. Improve student communication, interviewing, and counseling skills by allowing students to: i. Gain confidence in providing compassionate and supportive care before, during, and after gynecology procedures. ii. Acquire an understanding of the benefits and an appreciation for the value of non- clinical support during gynecologic care. iii. Experience continuity of medical care in gynecology by having students support patients pre-, intra- and post-procedurally. iv. Develop a working knowledge of basic gynecologic procedures and identify health disparities and how they affect gynecologic care. Transferability This program is based on the Teledoulas Program at the University of Hawaii SOM and DREAM program at Boston University SOM. Our design can similarly be implemented at other medical institutions.</p>
<p><b>Asena Bahce-Altuntas</b></p>	<p><b>Title:</b> Joint Effort: Integrating Rheumatology into Orthopedic Residency Training <b>Author:</b> Asena Bahce-Altuntas, MD Dept of Medicine, Division of Rheumatology <b>BACKGROUND/THEORY AND IMPORTANCE IN MEDICAL EDUCATION</b> Although rheumatic diseases can mimic orthopedic conditions and vice versa, orthopedic residents have limited exposure to rheumatology beyond the basic medical school curriculum. As a result, there is a gap in their training that can be addressed during orthopedic residency. This innovative curriculum aims to address this gap by providing a comprehensive rheumatology education within an orthopedic residency program. Increasing exposure to rheumatology during training can help orthopedic residents develop more accurate diagnoses and management plans, and foster collaborations essential for the comprehensive care of patients with rheumatic diseases. <b>DESIGN</b> After discussing educational needs with the Orthopedics Program Director, our rheumatology division developed a four-week rheumatology rotation for first-year orthopedic residents at HMH/HUMC. The rotation's curriculum aims to enhance residents' understanding of the pathophysiology of common rheumatologic conditions, recognizing clinical features, ordering and interpreting diagnostic tests, and collaborating with rheumatologists for optimal patient care. Core topics such as rheumatoid arthritis, osteoarthritis, seronegative spondyloarthropathies, scleroderma, acute and chronic presentations of crystal arthropathy, fibromyalgia and osteoporosis were selected based on relevance to orthopedic practice. Given the differences between medicine and surgical training, we used a variety of teaching methods to engage orthopedic residents, such as case-based discussions, image recognition, MKSAP rheumatology board review, ultrasound, and hands-on joint procedures. We emphasized rheumatology topics relevant to orthopedics, such as reviewing preoperative recommendations for rheumatoid arthritis and osteoporosis management. In addition, we</p>



<p><b>Asena Bahce-Altuntas (continued)</b></p>	<p>provided opportunities for residents to gain practical experience in rheumatology clinics, inpatient consult service, as well as in multidisciplinary conferences with pediatric rheumatology and other internal medicine subspecialties. We also provided orthopedic residents with curated reliable resources to supplement their learning of rheumatology. <b>EVALUATION PLAN</b> To assess orthopedic residents' learning from a rheumatology elective, we will use pre and post-elective exams and case presentations to measure understanding of key concepts in rheumatology. Feedback from both residents and faculty will be gathered to continually refine the curriculum to reflect current trends. We will encourage self-assessment among residents to identify what they have learned, how it has impacted their practice, and areas where further improvement is needed. Surveys will also be administered to gather residents' perceptions of the elective, highlighting valuable aspects and offering suggestions for future enhancements. <b>FEASIBILITY</b> Integrating a rheumatology rotation into an orthopedic residency program requires careful planning and coordination between the two departments. HMH/HUMC's Orthopedic Surgery Residency Program has allocated four-weeks of dedicated time in rheumatology for their first-year residents. <b>INTENDED OUTCOME</b> This rheumatology rotation aims to enhance orthopedic residents' competency in managing musculoskeletal conditions, improve patient care, and foster collaboration between orthopedic surgeons and rheumatologists. <b>TRANSFERABILITY</b> Specific highlights of this rheumatology curriculum can be easily integrated or adapted into other orthopedic residency programs that have established rheumatology divisions, utilizing existing faculty expertise and resources. <b>IMPACT</b> A rheumatology rotation in orthopedic residency has the potential to benefit residents, patients, and the program by improving knowledge, patient care, collaboration, and career development. It could enhance the reputation of the residency program and attract top candidates and faculty members.</p>
<p><b>Asena Bahce-Altuntas</b></p>	<p><b>Title:</b> Picture Perfect: Enhancing Rheumatology Education in Internal Medicine Residencies Through an Image-Based Curriculum <b>Author:</b> Asena Bahce-Altuntas, MD HUMC Dept of Medicine, Division of Rheumatology <b>BACKGROUND/THEORY AND IMPORTANCE IN MEDICAL EDUCATION</b> Despite the increasing burden of rheumatologic diseases, there is a projected severe shortage of rheumatologists [1], necessitating internal medicine (IM) physicians to become proficient in managing rheumatic conditions. However, limited education in rheumatology exacerbates the care gap, as evidenced by studies showing IM residents lack confidence in various aspects of rheumatology care [2] and generally report lower confidence in rheumatology, compared to other medicine subspecialties [3]. Therefore, strategies to increase confidence in rheumatology knowledge are essential for IM residents. <b>OBJECTIVE</b> Visual pattern recognition of rashes, joint findings, and nail findings are critical for making a correct rheumatologic diagnosis, therefore enhancing HMH/HUMC IM residents' ability to recognize and understand rheumatology disease pathophysiology. <b>DESIGN</b> A collection of high-quality images would be gathered to represent a variety of rheumatologic conditions, including physical exam findings, imaging studies and histopathology. The images would be presented through a monthly webpage and/or social media platform. Educational content would be developed to accompany the images, including key clinical features of each condition, differential diagnoses, relevant investigations, and treatment options. Images chosen would be relevant and appealing to residents in various fields. To incorporate interactive elements, residents would be encouraged to discuss the images, ask questions, and participate in case-based discussions to enhance learning. Resources to supplement the rheumatology topic presented in the image would also be provided. <b>EVALUATION PLAN</b> To evaluate IM residents' response and learning outcomes from an image-based curriculum, we would conduct pre- and post-curriculum assessments to measure changes in residents' knowledge, skills, and confidence related to rheumatology. Surveys will gather feedback on image relevance, the effectiveness of teaching methods, and overall satisfaction. A longitudinal follow-up assessment to evaluate the retention of knowledge and skills over time would need to be created. <b>FEASIBILITY</b> By utilizing the American College of Rheumatology's Image Library and images from our rheumatology practice, we can offer a wide range of rheumatology conditions to prepare IM residents to recognize the spectrum of diseases in patients with both light and darker complexions. Challenges to the long-term sustainability of this project, will be ensuring the relevance of images to IM residents and maintaining residents' engagement over time. <b>INTENDED OUTCOMES</b> The image-based curriculum aims to improve recognition and understanding of rheumatologic conditions, enhance differentiation between rheumatologic and non-rheumatologic conditions, and increase confidence in diagnosing and managing rheumatologic conditions. <b>TRANSFERABILITY</b> This image-based rheumatology curriculum is highly adaptable and resource-efficient, making it easily transferable to other IM residency programs, as well as other specialties. <b>IMPACT</b> This image-based rheumatology curriculum will enhance residents' knowledge and skills in rheumatology, improving patient care through early recognition and accurate management of rheumatologic conditions. It empowers residents to recognize when a condition requires an emergent rheumatology referral, and conversely, when referral to other specialties is better suited. It also has the potential to increase recognition of rheumatology as a career path and enhance the reputation of the IM residency program. Overall, implementing this curriculum can significantly benefit both resident education and patient care.</p>

<p><b>Cathleen Ballance</b></p>	<p><b>Title:</b> Experiential, Longitudinal training for Pediatric Residents using an Access Model of Care for Mental Health <b>Author:</b> Cathleen Ballance <b>Background/Theory/Importance to Medical Education:</b> There is a national emergency around children’s mental health with 13 to 20% of youth in the U.S. experiencing a mental health disorder each year. With limited numbers of mental health professionals available for children, many go untreated, impacting mental, physical and economic health and life satisfaction in adulthood. Primary care providers are uniquely positioned to respond to this mental health crisis, although most have not received adequate training during residency. Recent pediatric residency graduates report limited competence at diagnosing and treating common mental health issues. Only 33% of senior pediatric residents and recent graduates reported high competence in the assessment of mental health issues and only 19% reported high competence in treating mental health conditions despite efforts by the AAP stressing the need for better mental health training for pediatricians. The New Jersey Pediatric Psychiatry Collaborative(PPC), is a statewide program that aims to improve access to mental healthcare for children and adolescents up to age 21. The program is helping pediatricians learn to better identify, treat and manage patients with mental health disorders in collaboration with mental health professionals throughout the state. The PPC also partners with Pediatric residency programs to train the next generation of pediatricians to improve their knowledge, comfort and competence to care for common mental health conditions. <b>Design:</b> Unlike other models of collaborative care, the PPC Access model provides pediatric residents with both experiential and longitudinal training to care for patients with mental health disorders through continuous collaboration with PPC “HUBS” which are staffed with Child and Adolescent Psychiatrists(CAPS), clinical navigators, other behavioral health specialists and social workers. <b>Evaluation Plan:</b> Integration of the PPC model into pediatric residency programs in NJ will be evaluated via surveys at the end of each year of training. Instruments will assess competence and comfort with managing patients with mental health issues. Surveys will be distributed to residency faculty to assess perceived impact on resident education. In-service scores for pediatric residents in the domains of psychiatry and behavioral health will be monitored for improvement each year of exposure to PPC programs. Rates of referral of patients to the PPC from each residency program are another measure of engagement. We expect that these measurements will demonstrate the success of our program. <b>Feasibility:</b> The feasibility of the PPC “Access” Model of Care is a viable model of care to the extent that grant funding to support the program in NJ continues. <b>Intended Outcomes:</b> 1) Improve comfort and competence of pediatric residents to manage mental health disorders through training in collaborative care. 2) Increase access to children’s mental health care <b>Transferability:</b> We are planning to scale-up collaboration in the same way with Family Practice residencies throughout the state. Further expansion to include training programs for nurse practitioners and physician assistants are also possible to help address the pediatric mental health crisis as our first line of defense.</p>
<p><b>Melika Behrooz</b></p>	<p><b>Title:</b> The Voices Program: Tools for Teaching SDOH via a Community Engaged Curriculum <b>Authors:</b> Melika Behrooz, Dr. Lawrence Rosen, Dr. Laure Veet, Hackensack Meridian School of Medicine <b>Background:</b> The Voices Program is a longitudinal undergraduate medical education program embedded within the innovative Human Dimension curriculum at Hackensack Meridian School of Medicine. A key component of the curriculum matches student dyads with individuals (Voices Participants or VPs) from historically marginalized and under-resourced communities to develop a longitudinal relationship over a series of home visits. This mutually beneficial relationship helps students understand the main drivers of health outcomes by bringing the SDOH to life while providing health coaching support and resources to the family. Shifting their focus towards understanding their VP beyond the clinical setting enables students to gain a deeper appreciation of how an individual’s life experiences profoundly influence their presentation within the doctor’s office. This insight serves as a central lesson in practicing humanism in medicine. Students are prepared for these community experiences through a variety of educational pedagogy including large group learning sessions, facilitated small group discussions, reflection activities, and community based assignments. In their first year, students utilize a three-part “VP Coaching Tool” our team has developed to facilitate the building of a trusting relationship (Part 1), uncover and address SDOH needs (Part 2), and learn about their VP as a whole person, while finding opportunities for behavior modification that could contribute to their health (Part 3). A key component of this poster presentation will be discussing the creation of the VP Coaching Tool. Student-VP relationships are longitudinal, and continue for 3 years, during which time students are taught concepts of health systems science, cultural humility, health inequity and health coaching then apply these concepts as they work to help their VPs. Small group reflection activities led by clinical faculty are used to debrief community experiences and prompt students to think critically about how to address SDOH and become change agents. This poster presentation is intended for educators, healthcare professionals, and institutions interested in exploring a community-engaged approach to teaching relationship building and instilling values of humanism in medical practice. By visiting this poster attendees will learn key factors and tools our team has developed so that they may develop their own SDOH-grounded community engaged curriculum.</p>

<p><b>Andrew Shaw Benotakeia</b></p>	<p><b>Title:</b> Social Justice in Medical Training and Advancements in Medical Residency through Siblingship Programs <b>Authors:</b> Andrew Shaw Benotakeia, Jayasudha Gude, Ilona Fishkin, Demetrius Durham, Ulrick Vieux, Adreinne Adams, Paul Lee <b>Background:</b> The HMH Psychiatry JEDI Committee was developed to promote education about diversity and inclusion to clinicians. The vision of the committee is to create a healthcare setting that encourages the highest level of care to various populations, and to allow for a diverse team of healthcare workers to disseminate any barriers within their own careers. One of the initiatives was to improve opportunities for these visions during residency training nationwide. Diversity within patient populations, fellow trainees, and faculty are important in shaping the experience of a physician. Through Sister Cities International, a residency networking program was established in 2023. The Sibling Program was made to focus on residency education by pairing residencies across the country that could best complement each other. By allowing a bridge between training programs, strengths of different residency programs can achieve more than they could do alone. The objectives of the program focused on the presence of diversity, opening opportunities for cultural understanding, encouraging various academic activities, and providing mentorship. <b>Design:</b> The initial program consisted of 20 programs across the country. A survey was conducted in finding characteristics of each program. Based on this survey programs were connected that would best complement each other's needs. One of the siblingships included Hackensack Meridian Health's own Psychiatry Program with Garnet Health's Psychiatry Residency. Each of the 10 siblingship is overseen and coordinated by a facilitator to help link programs together. The activities between the two programs are created based on the needs of each program and coordinated between each other. A resident leader from each program is chosen to help facilitate experiences between sibling programs. At the Hackensack-Garnet siblingship residents from both programs have connected with scholarly activities and have been to educational events such as a lecture dinner by the president of the APA. <b>Evaluation Plan:</b> Feedback from each individual residency program will be collected by surveys and ongoing meetings with their respective facilitator. Activities which were positive in each siblingship will be collected and shared to further improve the sibship program as a whole. <b>Intended Outcomes:</b> Our goal is to enhance residency programs across the nation with this pilot program by enhancing the opportunities for residents and promoting collegiality between different systems. <b>Feasibility/Transferability:</b> This program was an initiative with AADPRT and can easily be translated to other specialty residency programs across the country.</p>
<p><b>Alyssa Berns</b></p>	<p><b>Title:</b> Intern Orientation: Milestone Zero <b>Author:</b> Alyssa Berns <b>Background/Theory</b> Graduate Medical Education utilizes outcomes-based evaluation of trainees with the Milestones, which are descriptions of competencies along a continuum of development in various domains required for the independent practice of medicine (Edgar et al. 2020). Milestones are specialty-specific and provide a framework for evaluation of residents. In recent years, both preclinical and clinical undergraduate education have been impacted due to the pandemic; a survey done of graduates as early as 2020 showed that the changes to clinical curriculum caused more than half of arriving interns to feel unprepared for clinical practice (Winn et al. 2021). Not all interns feel they arrive with the same foundational knowledge requirement, and we aim to even the playing field. In order to address this systematically, the EM milestones needed to be assessed to see what skills are needed to succeed before they start working clinically. <b>Design</b> We have a month-long orientation and the decision was made to take a different approach and look at the milestones; for each milestone, a list of assumed competencies and skills required before reaching the first milestone level was made, or a 'Milestone Zero' for Emergency Medicine. Some of the skills can be worked on independently, and we plan to start shortly after match day with an independent study plan and have intensive workshops to put skills into practice instead of using that time to refresh them on medical knowledge of different complaints. <b>Evaluation Plan</b> The primary outcome will be the impact of the new orientation program on the milestone evaluations 4 months and 11 months into their training. We will also survey the residents for their subjective assessment of readiness. <b>Feasibility</b> Faculty are already heavily involved in intern orientation; the greatest cost here will be designing and teaching new workshops and ensuring that information presented is targeted toward the skills needed for Milestone Zero. This allows for a concrete model to base the education on. <b>Intended Outcomes</b> The outcome we are looking for is improved preparation for intern year in Emergency Medicine, and we hope to see that in their milestone evaluations as well as in their subjective assessments of readiness. <b>Transferability</b> This specific innovation was designed for Emergency Medicine Intern Orientation, but the concept of a Milestone Zero is transferable. It could be used in all graduate medical training that relies on milestones to set up concrete, defined foundational knowledge and skills to base orientation and early education on.</p>
<p><b>Kevin Chung</b></p>	<p><b>Title:</b> Innovations In Medical Education: Ophthalmology and The Role of Tertiary Care Consults <b>Authors:</b> Kevin Chung, Simeon Lauer, MD <b>Background/Theory</b> Medical education in ophthalmology, like other subspecialties, is constrained by a compressed four-year curriculum. In the past, there were three avenues for learning - observing surgery, clinic visits, and didactic learning. Unfortunately, all three educational</p>

<p><b>Kevin Chung (continued)</b></p>	<p>options have diminished. Ophthalmic surgeries have migrated from hospital-based operating rooms to ambulatory surgical centers and outpatient clinics that are more volume driven with less tolerance for medical education. Our innovative approach focused on the increasing challenge of providing quality inpatient and Emergency Department (ED) consults. In the past, ophthalmologists were readily accessible in the hospital for consults, and they networked and discussed cases with their referring primary care doctors. As hospitalists now care for inpatients and ED Attendings are less familiar with the practices of community ophthalmologists, the motivation for accessibility has decreased 2 . Even financially, hospitals now pay on a per diem basis to cover ED and inpatient consults, which led to difficulty in maintaining expert ophthalmic care. This is an unexpected opportunity for medical education in ophthalmology. Inpatient and ED consults do not pose the time pressures of office visits allowing ample time for the medical student to learn by creating a thorough and well-conceived medical record. The reimbursed attending can then review the student's assessment and note, without the pressures of a waiting room. Self-learning modules can supplement the learning experience, teaching the basic elements of an ophthalmic exam in Powerpoint format, and bringing the add-on benefit of continuing education for the attending as well. This innovative approach would give students early exposure to inpatient ophthalmologic consults and will bring them the language and technical skills which will strengthen their candidacy. <b>Design</b> We chose a cohort of inpatient and ED consults requested of one physician (SL) from November 27, 2023 until Dec 12th 2023. A medical student (KC) was asked to review the charts retrospectively. The student was asked to familiarize himself with the clinical content, a form of immersion learning. He was asked to provide feedback on the practicality of reviewing these charts independently. A third goal was developed during the course of the project – the value of photo documentation. Ophthalmology relies heavily on imaging for diagnosis and documentation. Could the medical student assist in patient care by inserting photos in the note? <b>Evaluation Plan</b> Students would be measured, in this project, by their understanding of the eye pathologies that presented to the hospital as well as proficiency in the eye exam. <b>Feasibility</b> As a part of HMSOM's medical education, students would assume a primary role in self education and familiarize themselves with eye related concepts. Potential limitations include available equipment and the self-motivation needed to engage with the personnel, teaching material and patients. <b>Intended Outcomes</b> a. Allow medical students to become more familiar with eye pathologies via consults. b. Learn the eye exam and develop ophthalmic diagnoses. c. Improve candidacy for students interested in ophthalmology residency. <b>Transferability</b> This could be scaled into other sub-specialties such as ENT, urology and neurosurgery.</p>
<p><b>Nicholas Cozzarelli</b></p>	<p><b>Title:</b> Responding to Public Health Emergencies: A Reflection from Vaccinating at New Jersey's Largest COVID Vaccination Site to Guide Future Action and Innovation <b>Authors:</b> Nicholas F. Cozzarelli, BS, Catherine Hahn, MD, Carmela Rocchetti, MD, Laurie Sullivan, PhD, and Miriam Hoffman, MD <b>Background:</b> Public health emergencies are often unprecedented, but still implementing solutions promptly is critical. The COVID-19 Pandemic shocked leading physicians, brilliant scientists, and the world [1] . Both good and bad lessons stemmed from the Pandemic onset [2,3] . Public emergencies are sadly bound to occur again, therefore a need for further thought and preparedness is crucial [4,5] . When COVID-19 Vaccines first were released, Hackensack Meridian Health (HMM) partnered with the New Jersey Department of Health (DOH), the Federal Emergency Management Agency (FEMA), and other medical and pharmacy institutions to vaccinate. In a month, the Meadowlands Mega Site went from administering 400 vaccines per day to 4,000, which made it the most productive site in NJ. Responding to public health emergencies is important in medical education because regardless of what situation presents, there are certain characteristics and organizational efforts to learn that can be useful for all emergencies. The purpose of this innovation report is to reflect on the HMSOM Mega Site Vaccination Efforts in order to model collaborative efforts of responding to emergencies in the future and also to innovate ways of using similar principles to improve the day-to-day productivity of systems outside of emergencies. <b>Design:</b> Dean Hoffman, HMSOM Graduate Catherine Hahn, and HMSOM fourth year student Nicholas Cozzarelli were the first three HMSOM representatives at the Mega Site. Nicholas worked closely with Dr. Hoffman, Dean Sullivan, Dr. Rocchetti, and other HMM and NJ DOH leaders to coordinate and sustain the volunteer efforts. From the quick development of instructional materials, the training of HMSOM underclassmen to vaccinate, the creation of a scheduling system, and more, the experience lead to many lessons to reflect upon, which can help future preparation for public emergencies. The principles of a shared mission and vision, open communication, organizational systems, resource management, and leadership, and task delegation will be the focus of this reflection. <b>Evaluation Plan:</b> Participants will be asked to participate in a pre/post-presentation survey. A QR code will be demonstrated for the surveys. The surveys will assess their knowledge of the characteristics of what makes a response successful before and after the presentation. <b>Feasibility:</b> This report offers little-to-no-risk. There are no associated costs with this innovation report since it is a retrospective reflection to serve for unplanned prospective actions. However, the measures of success will be gathered by a comparison of the pre/post-presentation surveys. <b>Intended Outcomes:</b> The intended outcomes are to reflect on the HMSOM Mega Site Vaccination Volunteering in order to model collaborative efforts of responding to future</p>

<p><b>Nicholas Cozzarelli (continued)</b></p>	<p>emergencies, to raise awareness about the necessary principles to respond to emergencies, and to see how similar actions can improve daily functionality of healthcare systems outside of emergencies.  <b>Transferability:</b> These reflections on responding to public health emergencies can help foster future awareness, discussion, and preparedness when additional pressing situations arise, which is of value to all medical students. Additionally, the discussion of transferring these characteristics of a successful public health response to normal systems can improve the delivery of healthcare.</p>
<p><b>Annalyce D'Agostino</b></p>	<p><b>Title:</b> Focus Posters™ Health: Custom Visual Supports as Patient-Centered Care for Pediatric and Neurodiverse Patients <b>Author:</b> Annalyce P. D'Agostino <b>Innovation Abstract</b> Medical experiences and life-altering diagnoses can be overwhelming and anxiety-provoking for patients, especially children and their families. Providing patient-centered care throughout every stage of their health journey is crucial, yet often overlooked. Every diagnosis begs the same question: “what’s next?” Visual supports are effective in reducing anxiety for procedures and providing improved outcomes in health maintenance, especially in pediatric and neurodiverse populations. Comparative solutions include MyRoutine iPad app developed by the Monroe Carell Jr. Children’s Hospital at Vanderbilt University and “My Hospital Story” at Boston Children’s Hospital, among others. Focus Posters™ Health will innovate beyond its predecessors as a web app (accessible from any device), with custom, illustrated visuals users design that engage the child in an approachable, calming way. Focus Posters™ is an existing web app for parents and childcare professionals to create custom visual supports for children with characters that look like them. Users create a character, select a template, add illustrations from the library, design with a vibrant background, and download instantly. The Focus Posters Team collaborated with the Child Life Team at NYU Langone’s Hassenfeld Children’s Hospital to create visual supports for a nine-year-old female patient admitted for a month-long stay to monitor severe asthma attacks. The patient enthusiastically designed her character, while the Child Life Specialist populated specific routines for each day of the week, as well as the patient’s medication schedule and a home schedule for navigating her new routine. The Child Life Specialist expressed its value both during hospitalization, and adjusting to life at home and school after the patient’s diagnosis. Focus Posters™ Health will be a web app specifically designed for healthcare use; defined by increased accessibility and medical accessory options for characters, medically accurate illustrations, and streamlined design. Determined by the level of customization requested by the healthcare organization, the set-up cost will range from ten thousand to twenty thousand dollars, with a development timeframe between ninety and one hundred and twenty days. Risks include student/faculty/provider willingness to adopt this concept, preferring to use generic medical visuals, and potential technological issues. For medical students, Focus Posters™ Health will act as a clinical skills resource to enhance age-appropriate communication with pediatric patients, while exploring the efficacy of visual supports with young and neurodiverse patients. Focus Posters™ Health may be accessible to all members of a care team, scalable to include procedures, in-patient routines, hospital to home transitions, and health maintenance as a part of daily routine. Success will be measured through qualitative data collected through focus groups and interviews with participating families. We will assess for: reduced anxiety during medical procedures and adherence/understanding of routine health management. While deemed essential tools for patient understanding and improved health outcomes, visual supports have yet to significantly evolve to meet current generational standards. Focus Posters™ Health is redefining them—revolutionizing with representation for children to see themselves, their procedures, and health routines, reflected throughout their healing journey.</p>
<p><b>Olumuyiwa Fatade</b></p>	<p><b>Title:</b> Advancing Cultural Competency in Medical Education Through Innovative Initiatives <b>Authors:</b> Olumuyiwa Fatade, MD, MPH, Harsh Patel MD, Scheherazade Elkeshk, MD, Ulrick Vieux, DO, CPE, MS, Stacy Dumas, MD, Saba Afzal, MD <b>Purpose</b> To foster and develop guidelines for addressing our innate biases towards - Race, Ethnicity, Religion, Gender, mental illness, and Ageism in our clinical learning environment. <b>Background/Theory and importance in medical education</b> Evidence of mental health disparities continues to be overwhelming as the diversity in the U.S. population has grown in the last decade. Despite advances in health equity, the role of bias, prejudice, and stereotyping on the level of institutions, health systems, and providers is an important factor that multiple organizations continue to tackle. After identifying an area for improvement in our clinical learning environment, we focused on using Justice, Equity, Diversity, and Inclusion initiatives (JEDI) to improve cultural competence in our workforce and medical education. <b>Design</b> We developed a multipronged approach that applies community-level engagement as a core principle and emphasizes cultural competency across various domains in our institution. A JEDI committee was developed with ambassadors representing the various aspects of the three regions of our institution (North, Central, South) and with organizational leadership. Domains of improvement focused on Education, Recruitment, spanning one academic year. Feedback was received through comments, and reviews from participating faculty and trainees. <b>Feasibility/Transferability</b> This project's limited resources and cost make it highly reproducible in various settings. Cultural competency events can be implemented in areas requiring improvement based on survey results and institutions can create guidelines to educate both faculty and</p>

<p><b>Olumuyiwa Fatade (continued)</b></p>	<p>students. A few barriers were identified including completion times, and the participation of students, residents, and faculty in the dissemination of educational information. Increasing membership in the ambassador program can be a great approach to attracting more committed members and enhancing retention by recognizing and rewarding contributions. <b>Intended Outcomes</b> Intended interventions and outcomes focused on 1. Increasing JEDI topics and education in our grand rounds 2. Applying a holistic review process for faculty applicants, their diversity, and measuring the National Residency Match outcomes in HMH Graduate Medical Education and Medical Staff. 3. Developing mentorship programs across various demographics with a continuum of student/resident/faculty, including local organizations. 4. Guidelines to help trainees who experience aggression and discrimination were developed based on areas identified during the project's duration. A three-phase approach focused on a. Setting the stage b. Responding in the moment with toolkits for trainees and faculty development c. Learning from the encounter and preparing for “next time” episodes with a focus on team debriefing and critical reflections.</p>
<p><b>Olumuyiwa Fatade</b></p>	<p><b>Title:</b> Impacts of Social Determinants of Health (SDOH) on Continuing care In Outpatient clinics <b>Authors:</b> Olumuyiwa Fatade M.D MPH, Nicholas Flugrad M.D, Morgan Peltier Ph.D, Miqian Wu M.D, Robert Stern M.D, Saba Afzal M.D <b>Introduction</b> Social determinants of health (SDOH) wield significant influence over health outcomes and the accessibility of healthcare services, particularly in outpatient clinics. This study explored the impact of SDOH on care delivery patterns, including length of follow up period, and number of visits in outpatient psychiatric and primary care clinics within an academic, not-for-profit healthcare organization in Southern New Jersey. <b>Methods</b> This study was approved by the JSUMC IRB and consisted of a retrospective chart review of patients treated at 3 Psychiatric and 3 Primary care clinics between 10.01.2019 and 10.01.2022. Data regarding Age, Ethnicity, Race, Gender, Marital status, Encounters, Insurance, Department, Diagnosis and Medications, was abstracted from 14392 patient charts. The impact of demographic factors on number of visits and length of follow-up were then evaluated using simple and multivariable, zero-inflated negative bimodal regression techniques. <b>Results</b> Our patient population consisted of individuals with a median age of 52, (range: 18, 103), 61% female and about 14% of non-white race and 6% Hispanic ethnicity. Males were more likely to have no follow- up period than females (OR=1.14, 95%CI: 1.06, 1.21). Patients 65-years or older were less likely to have follow-up (OR=0.88, 95%CI:0.81, 0.95) and shorter periods of follow-up than their younger counterparts (fold-difference 0.87, 95%CI:0.81, 0.95). No impact of Hispanic Ethnicity was detected on whether or not follow-ups occurred, however, Hispanics had a follow-up period that was 0.83-fold (95%CI: 0.76, 0.91) as long when compared with Non-Hispanics. People for whom Race information was missing had a 1.28- fold increased risk of (95%CI: 1.08, 1.54) of having no follow-up period and a 0.68-fold (95%CI: 0.61, 0.76) shorter follow-up if they did have one. Although African Americans and other race/Multiracial people were equally likely to have a follow-up period, their follow-up periods were 0.82 (95%CI: 0.75, 0.89) and 0.73 (0.68, 0.80)-fold shorter. Medicaid patients were equally likely to have a follow-up period than non-Medicaid patients but when they did have one, they were for only 0.79-fold (95%CI:0.74,0.84) as long. After adjustment for confounders, Male gender (adjOR: 1.18, 1.09, 1.26), Age 65 or greater (adjOR: 0.67, 95%CI: 0.62, 0.73, being on Medicaid (adjOR: 0.76, 95%CI: 0.68, 0.28), and presenting at the psychiatric clinics (adjOR: 0.25, 95%CI: 0.24, 0.28) were statistically significant for likelihood of having no follow-up period. <b>Conclusions:</b> Male Gender, Age 65 or greater, Medicaid status and psychiatric clinic attendance are independent risk factors for whether patients receive follow-up care. Male gender and age over 65 are also independent risk factors for duration of follow-up. Our findings also suggest enhanced attention to the specific needs of minority patients and those patients whose race information was missing.</p>
<p><b>Jayasudha Gude</b></p>	<p><b>Title:</b> Transforming medical practice into book chapters: Writing Evidence Based Literature for International and non-Medical Professionals <b>Authors:</b> Andrew Shaw Benotakeia, Jayasudha Gude, Ilona Fishkin, Gary Small, Ulrick Vieux <b>Purpose:</b> The ability to share evidence-based practices with a global audience should be seen as a necessary skill in medical education. We describe the process of writing a book chapter on evidence-based practices in pediatric behavioral health intended for international and non-medical learners with the intent to educate United States-trained physicians on ways to disseminate evidence-based knowledge to a global audience. <b>Background:</b> The task was deceptively simple: write a graduate-level textbook chapter on behavioral health practices in pediatric specialty settings for an international audience. As US-trained psychiatrists and psychiatry resident physicians we have a robust understanding of evidence-based practices and models of care in pediatric psychiatry as they exist within the US. The American health system, however, differs greatly from the rest of the world and we were tasked with writing for an international audience of trainees in clinical psychology and social work. We had to determine how to use our expertise in psychiatry to write educational materials using language and terminology that would be appropriate for graduate-level learners across the globe. We also had to fundamentally understand that the very definition of what constitutes a ‘specialty setting’ may differ across health systems yet still create content that fits the ‘pediatric specialty settings’ brief. The training scope of the audience was broad and so</p>

<p><b>Jayasudha Gude (continued)</b></p>	<p>our approach also had to account for a range of educational needs. As physicians, we are inherent educators and are often viewed as international experts in our fields. Physicians should have the ability to teach to and write for a global audience however writing for readers from across the globe requires a skill set that is not universally taught. While academic journals and/or physician associations sometimes provide authors with general tips on writing for an international audience, there appears to be a dearth of literature on this topic overall. (Walshe et al). <b>Design:</b> We developed a strategic approach to writing an academic text for learners from various behavioral health fields, with varying scope of practice, who are based in international health settings. Our approach required understanding the needs of our stakeholders and audience, creation of operational definitions, mindful emphasis on the use of plain language as well as the use of practice and patient scenarios that should be recognizable to readers across geographical boundaries. Prior to writing this we also were required to educate ourselves on health systems in different countries. <b>Evaluation Plan:</b> The success of this project will depend on the dissemination of knowledge to learners across the globe. In the short term, markers of success include publication of the manuscript and final determination of whether our work met stakeholder expectations and needs. <b>Intended Outcomes:</b> We envision a more globally-minded approach to academic medicine and a medical education system that teaches physicians how to think beyond the US healthcare system when writing for an international audience. <b>Feasibility/Transferability:</b> Our strategic global audience driven approach to writing academic texts is transferable across all medical specialties.</p>
<p><b>Catherine Hahn</b></p>	<p><b>Title:</b> Finding Joy in the Community: Highlighting a Resident Advocacy Curriculum as a Means of Promoting Resident Wellness <b>Authors:</b> Catherine Hahn, MD, Alessia Zambrano, DO, Susan G. Mautone, MD <b>AFFILIATIONS:</b> Department of Pediatrics, Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center, Hackensack, NJ <b>Background:</b> Pediatricians play a critical role as child advocates. They must understand the health needs of communities, and educate families on ways to promote health. Our residents participate in 4 weeks of Community Pediatrics and Child Advocacy (CPCA) in both the PL-2 and PL-3 years. Furthermore, resident burnout is a common struggle among pediatric residents, and residency programs throughout the country are searching for ways to promote resident well-being. <b>PURPOSE/INNOVATION:</b> To create a novel CPCA curriculum rooted in resident community immersion, while ameliorating resident burnout through engagement with patients and families outside of daily hospital-based responsibilities and serving as a reminder of the core human connections at the heart of medicine. <b>DESIGN:</b> During their CPCA rotation, resident pairs created and presented interactive sessions for Hackensack High School health classes on topics requested by the school targeting adolescent health, including “Back to School, Not Back to Jul,” “Sexuality and Healthy Relationships,” and “Drugs and Addiction.” Sessions with freshman, junior, and senior classes were targeted to reach a total of 500 students per grade this academic year. Residents also presented programs at the Family Success Center targeting parents of children ages 0-5 years old. Sessions included “Breastfeeding Tips for Families,” “Summer Safety,” and “Fact vs. Fiction: Your Child’s Nutrition,” to name a few. <b>Evaluation Plan:</b> Residents completed a rotation evaluation and a brief survey addressing their community engagement experiences. The program director also sought feedback from community partners. <b>FEASIBILITY:</b> The ACGME requires that pediatric residents spend a minimum of five educational units of ambulatory experiences, including community pediatrics. As such, there is dedicated space to incorporate this community engagement into resident schedules. This curriculum was developed at no cost for both the residency program and for community partners. <b>IMPACT/INTENDED OUTCOMES:</b> By engaging directly with the neighborhood outside of the hospital, resident physicians will foster stronger relationships with the community and build trust, which is important in the foundation of optimal medical care. <b>TRANSFERABILITY:</b> Our curriculum could seamlessly be integrated into other residency programs’ existing schedules. The critical component for each program would be to establish local community connections. Many hospitals are located in close proximity to local schools, community centers, and clinics, opening many opportunities for community engagement. <b>ASSESSMENT AND EVALUATION:</b> This community pediatrics curriculum has been implemented at Hackensack University Medical Center with considerable success. In evaluations of the rotation, 93% of PL-2s and PL-3s rated overall quality of clinical teaching and growth in clinical knowledge, skills, and attitudes during this rotation as very good or excellent. In a short survey, resident likelihood of recommending continued community experiences was overwhelmingly positive, with an average rating of 4.5 out of 5 (Table 1). They described feeling “fulfilled” and “empowered” by the community programs. Community partners at the high school and Family Success Center increased the number of sessions based on positive feedback they received from participants. We hope our curriculum can serve as a model for other residency programs to integrate community engagement while enhancing resident well-being.</p>

<p><b>Rebecca Hellmann</b></p>	<p><b>Title:</b> Remediation Committee <b>Author:</b> Rebecca Hellmann <b>Background:</b> Early identification and intervention for struggling learners is ubiquitous in Emergency Medicine Residency. Studies demonstrate around 90% of programs have at least one learner on remediation at any given time. While there are extensive publications containing guidelines and best practices, the focus has largely been on the qualifications and categories for intervention. There has been little discussion as to who should be executing these interventions, and so responsibility has, by default, lay with residency leadership. Restricting those involved in the remediation process to residency leadership has several limitations. First, it underutilizes the rich educational resources available in an academic faculty. It poses a conflict of interest for residency leadership, as they are both educators and evaluators of the process. Finally, it misses a key opportunity to shift a remediation program away from a behaviorist theory of learning, responding to external motivators, towards a more social constructivist/transformational learning theory that cultivates an intrinsic motivation to learn. <b>Design:</b> We developed a faculty-led remediation committee that creates and executes individualized learning plans for those residents requiring early intervention or remediation. The committee is composed of faculty from all areas of emergency medicine - including sub-specialties and nocturnists - to give us a 360-degree perspective of the residents. The process has 3 points of entry: referral from the Clinical Competency Committee (CCC), referral from residency leadership, and self-referral. Referrals are based on deficits in medical knowledge, clinical skills, or professionalism. Notification of referral is completed by the Program Director, with formal notification signed by the referred resident. The chair of the remediation committee then has an hour-long meeting with the resident, explores their application to residency (including MSPE, letters of recommendation, etc) and study habits, then creates a learner profile. The chairs bring the referral information and learner profile to the remediation committee, assign a coach, and create a learning plan for the resident. The remediation coach is a faculty member that specializes in the area of referral (medical knowledge, clinical skills, or professionalism), and meets with them regularly for check-ins and plan alterations. At the end of a predetermined time period, the remediation committee reports to CCC if the resident was compliant or non-compliant with the plan. <b>Evaluation Plan:</b> The evaluation process is iterative, based on feedback from the remediation committee, residency leadership, CCC, and the residents themselves. This allowed for incremental changes in forms, plans, and overall process improvement. <b>Feasibility:</b> The primary obstacle to setting up a program like above is the initial set up - selecting faculty, streamlining the process, developing the paperwork, identifying roles and responsibilities. Once set up, it is a self-sustaining process whereby the structure remains the same regardless of inputs. <b>Intended Outcomes:</b> The primary outcome was to transfer responsibility of early intervention/remediation from residency leadership to faculty. By formalizing the process, we demystified it for both learners and faculty. We capitalized on the diverse strengths in our faculty to create thoughtful and tailored one-on-one learning plans. <b>Transferability:</b> This program can be used in both undergraduate and graduate education, in any specialty. The forms can be individualized with minimal tailoring to whatever guidelines or competencies are required for that particular program.</p>
<p><b>Monica Hernandez</b></p>	<p><b>Title:</b> Enhancing Emergency Medicine Specialty Appreciation and Learning through a Longitudinal Integrated Emergency Medicine Clerkship <b>Authors:</b> Monica Hernandez, MD; Atul Pasricha, DO <b>Abstract:</b> The introduction of the Hackensack Meridian School of Medicine in 2015 prompted the creation and development of an innovative longitudinal emergency medicine (EM) clerkship integrated into the fabric of the traditional clerkship year. This 12-month longitudinal clerkship, ensures that every student gain exposure to EM, fostering an increased overall appreciation and interest in the specialty, improved application of foundational medical knowledge into real patient care scenarios, improved synthesis of medical evaluation and holistic treatment of patients and on par performance in the Emergency Medicine Advanced Clinical Examination when compared to similar students at the completion of clerkships. The longitudinal clerkship commences during the 4 week transitional block and continues throughout the year as the students progress through clerkships. The students are introduced to competencies such as caring for critically ill undifferentiated patients, development of prioritized differentials, documentation and focused presentations, and key emergency procedures. To assist the student with assimilation of key concepts and overall EM learning, the Clerkship Directors in Emergency Medicine (CDEM) curriculum was divided into manageable topics to enhance learning of EM while in the emergency department and their applications into their clerkship specialty block teachings. The curriculum was further supplemented by self-study EM modules and interactive zoom sessions covering general introductory topics and common ED presentations early in the clerkship year, progressing to more complex topics. Our clerkship encountered a myriad of challenges such as variations in scheduling, incorporation of new rotation sites, faculty development and recruitment and their effect on formative and summative evaluations, a growing cohort of students, and lack of daily feedback and debriefing opportunities more commonly experienced in 4 week clerkships. We ameliorated these by implementing innovative approaches to help lessen disruption of students balancing two clerkships minimizing the risk of neglecting the longitudinal aspects amidst other responsibilities. Improvements in shift schedules and access to daily performance evaluations in real time allowed for ease in tracking students</p>



<p><b>Monica Hernandez (continued)</b></p>	<p>throughout our hospitals and increased focus on students overall growth and experiences with timely feedback. The use of journals and trackers further aided students with organizational skills to assist with completing requirements. The longitudinal aspect allowed for continuous immersion throughout the year fostering ongoing progress and success in the clerkship as reflected in students' enhanced clinical skills, smooth transition into varied emergency departments, and heightened enthusiasm for Emergency Medicine. Furthermore, despite the unconventional scheduling, our students' performance in standardized tests such as the Advanced EM subject examination aligns with standards of traditional clerkships at the end of their third year. In conclusion, the creation, implementation and integration of the longitudinal EM clerkship at the Hackensack Meridian School of Medicine has been a complete success. The smooth incorporation of a myriad of moving parts despite the rapidly increasing cohorts and a worldwide pandemic is a testament to the instrumental collaborative effort of clerkship directors, faculty and course coordinator providing a holistic and immersive educational experience, preparing students for the multifaceted challenges of medical practice.</p>
<p><b>Monica Hernandez</b></p>	<p><b>Title:</b> Spiral Integration of Acute Care Skills with a Longitudinal Emergency Medicine Clerkship <b>Authors:</b> Monica Hernandez, MD and Ofelia Martinez, MD MPH <b>Abstract</b> Effective interns are expected to recognize an acutely ill patient, correctly diagnose them and implement initial management. This requires successfully building on the foundation science knowledge and clinical skills across clinical rotations. The integration of concepts learned in Phase 1 into the Phase 2 clerkship can be difficult for students who are advancing from pre clinical years into the clinical arena. Clerkship students tend to compartmentalize content and skills learned from clerkship to clerkship, and from pre-clerkship into the clinical setting: negatively impacting integration of acquired knowledge and skills. Skills in clinical reasoning and recognition and intervention in acute care scenarios are core skills needed for effective interns. Longitudinal integrated clinical experiences tend to improve long term retention and recollection of content through repetition over a longer period of time (1). The creation and implementation of a longitudinal Emergency Medicine (EM) Clerkship into the traditional clerkship year served as a way to continually reintroduce and reinforce concepts that are critical to student performance in the areas of acute care management and diagnostic reasoning. The Emergency Medicine longitudinal clerkship at the Hackensack Meridian School of Medicine uses the Clerkship Directors of Emergency Medicine Curriculum (CDEM) modified from the traditional 4 to 6 week emergency medicine elective into a yearlong curriculum. Since the clerkship is integrated into all the other block clerkships (surgery, family medicine, Internal medicine, psychiatry, OBGYN, Neurology and pediatrics) the students are assigned block specific topics in Emergency Medicine that apply to the clerkship they are rotating through. The students are encouraged to complete the CDEM assigned readings prior to the start of their block and to add to the EM concepts learned further emphasized by monthly pre-core curriculum session assignments and zoom meetings that cover essential topics and progress to more advanced concepts. In this way, key content is reinforced multiple times across the clerkship year with the goal that this spiral integration will result in improved retention of knowledge and its application in the clinical workplace (2,3). Based on the students predetermined lottery assignments prior to the start of the clinical clerkship year, the students either start with 6 week block clerkships (Pediatrics, OBGYN, Neurology and Psychiatry) or the 8 week clerkships (Internal medicine, Family Medicine, and Surgery). The students are required to complete 2 emergency medicine shifts during each rotation and 4 or 5 shifts during their pediatrics rotation and switch tracks halfway through the year. Student performance in acute care and diagnostic reasoning indicate this approach has yielded the intended gains as assessed in the simulated environment at mid-clerkship and end of clerkship and in the NBME subject exams on these areas. Students complete each clerkship subject exam at the conclusion of the clerkships and then the emergency medicine subject exam at the end of the clerkship year. Thus, students are tested in the areas of diagnosis and emergency care in all 7 clerkships and again on the emergency medicine shelf. This consolidates acute care related content. These data suggest spiraling acute care content among the clerkships with emergency medicine is an effective approach for learners to acquire these knowledge and skills.</p>
<p><b>Jasneet Kaur</b></p>	<p><b>Title:</b> The Human Dimension of Spirituality: Spirituality, Health, and Wellness <b>Authors:</b> Jasneet Kaur, Bridget Tracy, Laure Veet <b>Purpose</b> We created a new curricular session within the Human Dimension (HD) course examining spirituality. We hope the students are able to define spirituality and its impact on health behaviors and outcomes, as well as examine barriers to discussing spirituality in the clinical setting. We also aim to provide an opportunity for students to reflect on spirituality as part of their own whole health. <b>Background</b> The Human Dimension Whole Health Model considers spirituality, hobbies and interests, sleep and rest, stress coping, relationships, nutrition, and physical activity in its evaluation of whole person care. While present in our discussions in HD, we lacked a dedicated session for spirituality. We created "The Human Dimension of Spirituality" to address this gap. The literature supports that spirituality can deeply impact the provider-patient relationship as well as a patient's understanding of their illness, health care decisions, coping mechanisms, and how they view suffering. Spirituality has also been associated with</p>

<p><b>Jasneet Kaur (continued)</b></p>	<p>reduced morbidity and mortality, better physical and mental health, improved coping skills, reduced stress, and enhanced well-being. As a result, more than 70% of medical schools in the United States address issues of spirituality in their curricula. <b>Design</b> We designed a large group active learning session (LGAL), small group, and an assignment devoted to spirituality. The LGAL began with a didactic with literature review, definitions, and review of the FICA (previously introduced in Clinical Skills). This was followed by a panel of a hospital chaplain and a practicing psychiatrist. Each of our panelists described their roles and approach to spirituality, and then answered questions from students and faculty. Facilitator-led small groups contained personal reflection, large group debrief, and practice of the FICA tool in pairs. Students left with optional journaling prompts and the suggestion to create personal spirituality SMART goals. As part of their ongoing community engaged work within the Voices Program, students and their dyad partners will discuss spirituality with their Voices Participant (VP), continuing this thread longitudinally. We held a faculty development to introduce this new topic. We reviewed key elements of our didactic, then created breakout groups for faculty to reflect on and discuss their own spirituality and how they address spirituality in clinical care. We also invited them to raise anticipated challenges in facilitating this session with students, and provided coaching to meet these challenges. <b>Evaluation Plan</b> Post-session surveys of students and roundtable feedback from faculty demonstrated the session provided an opportunity to approach conversations around spirituality, a potentially sensitive albeit important topic, and to promote deliberate practice. <b>Intended Outcomes</b> Students will become more comfortable discussing spirituality with their patients, as well as other sensitive topics, and see that deliberate practice of clinical tools improves their skill in the clinical setting. We also hope that reflection on spirituality in their own whole health model promotes wellness and resiliency. <b>Feasibility/Transferability</b> This is a model that is transferable to undergraduate and graduate medical education programs.</p>
<p><b>Katherine Leopold</b></p>	<p><b>Title:</b> Bergen Volunteer Medical Initiative (BVMI) PLUS: Innovative Partnership Model for Student-Run Free Clinic <b>Authors:</b> Katherine T. Leopold, Joselin M. Vargas, Kaitlynn Chaljub, Elma A. Chowdhury, Amanda Brand, Alina Chiccarine, Luis Francia, Mai Hatazaki, Milan Patel, Priyanka Shenoy, Jasneet Kaur MD <b>Background</b> In Bergen County, approximately 82,825 residents have no health insurance. 1 Bergen Volunteer Medical Initiative (BVMI) provides free primary and specialty medical care on weekdays to uninsured patients living in Bergen County. 2 Student-Run Clinics (SRCs) are collaborations between students and preceptor physicians who partner to provide free healthcare to patients in need. Research suggests that students involved in SRCs show increased retention of empathy than their peers, and patients served by SRCs have comparable or better medical outcomes as compared to standard care. 3,4 Our aim was to create a SRC in partnership with BVMI, the BVMI PLUS clinic, in order to positively impact medical student education while expanding access to care for BVMI patients. <b>Design</b> Students drafted a proposal describing the mission statement, operations, student/faculty expectations, resources, and a timeline. Faculty, medical school leadership, clinic leadership, and students met several times to finalize the pilot plan for the clinic. The pilot phase included monthly clinic days on Saturdays mornings. Three patients are scheduled on a typical clinic day. Each patient is greeted by a BVMI receptionist and paired with one clerkship student and one pre-clerkship student. The students collect a history and physical exam, present the patient to the precepting physician, and return with the physician to verify findings and share the treatment plan. A BVMI nurse manager provides support regarding clinic policy and outside referrals. A student coordinator ensures that the team stays on schedule and correctly documents visits. After the clinic, the team reviews the day and has a didactic session on a topic related to care at the clinic. <b>Evaluation Plan</b> The team actively solicited feedback from all parties at the end of each clinic. Student leaders reviewed this feedback during biweekly meetings and made iterative adjustments to the structure of the clinic. Currently, student leaders are conducting a retrospective review of all feedback to share with key stakeholders at an upcoming meeting. <b>Feasibility</b> Between April 2023 and February 2024, the team successfully ran 10 pilot clinics with 34 student and 4 physician volunteers serving 30 patients. Students gain hands-on clinical experience as well as opportunities for 1-on-1 learning from faculty and senior students. The unique partnership with BVMI allows for a smoother administration overall for the SRC. Areas of growth include expanding the student role in patient follow-up and enhancing faculty recruitment. <b>Intended Outcomes</b> Students will have an opportunity to gain clinical skills while practicing management and leadership under the guidance of faculty mentors. They will become well-versed in addressing social determinants of health in patient-care and hopefully carry these practices in their future medical careers. BVMI PLUS clinic also aims to increase access to care with expanded hours. <b>Transferability</b> The team has forged a template from which the SRC can grow and improve by increasing the frequency of clinics and expanding to more locations. This is a model that is easily transferable to other medical schools with a nearby community partner clinic.</p>



<p><b>Grace Malley</b></p>	<p><b>Title:</b> Ethics of Disclosure and Consent in both Research and the Clinical Setting: A Pre-Clerkship Large Group Active Learning Session <b>Author:</b> Grace Malley <b>Purpose/Background/Theory:</b> There is large variation in ethics curriculums across US medical schools; variation in the content addressed, curricular time dedicated to ethics topics, and educational modalities utilized. This poster offers an outline for an active learning session with the educational goals of familiarizing medical students with the ethics of disclosure and consent in both research and clinical settings. These concepts are applied to different settings, including research involving human subjects and clinical shared decision making conversations. There is no similar template in the medical education literature. This session is designed with the premise that patients are to be understood as individual persons; the concept that patients present to the healthcare system with unique cultural beliefs and values, medical preferences, religion, faith, and other perspectives that may shape how they engage with the medical system. <b>Design:</b> The session Title:d “Ethics of Research” included discussion regarding examples of ethical issues commonly encountered when conducting research with human participants, informed consent in research, clinical consent, and shared decision making. There was also a focus on the components of informed consent forms (ICF), with the goal of providing students an understanding of how patients may interpret these forms. The session concluded with an activity where students worked in small groups to analyze a mock ICF. The session was largely reliant on student’s completion of pre-session reading materials, enabling students to actively engage in the session. There were three facilitators, each of whom provided a distinct perspective on the topics of informed consent and ethical principles of research. <b>Evaluation Plan:</b> The session was evaluated by the students via a post-session survey to determine whether students perceived the session as well-organized, effectively facilitated by faculty, whether the assigned pre-reading was appropriate, if the learning objectives were achieved, and if the active learning strategy enhanced the session. The student’s were evaluated on their understanding of the session learning objectives on their end of unit exam. <b>Intended Outcomes:</b> The intended outcomes of the session are well described by the learning objectives which include: 1. Knows elements of informed consent and its role in shared decision-making 2. Knows standards of disclosure and related features; including patient refusal, truth telling 3. Knows relevant landmark cases, paradigmatic situations 4. Understands basic principles and considerations of ethical research: including, values, validity, fair subject selection, balance of risks and benefits, independent review, respect for participants 5. Understands applications of principles; including: Role of IRB, federal regulations, participant remuneration <b>Feasibility/Transferability:</b> This session guide is largely transferable and could be modeled after in an in-person or virtual format. One challenge in teaching ethics at medical schools is recruiting appropriate facilitators. We utilized three facilitators, each with a unique perspective providing great depth to the discussion. In the setting of not being able to find three similar lecturers, it would still be possible to hold a valuable and effective session.</p>
<p><b>Russell Seth Martins</b></p>	<p><b>Title:</b> Developing a Comprehensive Education &amp; Training Program for Surgical Advanced Practice Providers <b>Authors:</b> Gina Pagliaro, Russell Seth Martins, Kostantinos Poulidikidis, Syed Shahazad Razi, M. Jawad Latif, Jeffrey Luo, Benjamin J. Golas, Faiz Y. Bhora. <b>Background &amp; Importance in Medical Education</b> Physician assistants (PAs) and Nurse Practitioners (NPs), collectively termed as advanced practice providers (APPs), are rapidly becoming an integral component of the healthcare system in the United States. JFK University Medical Center is a 498-bed facility in Central New Jersey that performs approximately 12,000 surgical operations each year. However, there is currently no surgical residency or fellowship training program at the facility. It is critical that a highly trained team of surgical APPs (S-APPs) is available to support the delivery of specialized medical care. In this abstract, we describe our experience of developing and implementing a comprehensive surgical education and training program for S-APPs within the Department of Surgery service lines at JFK University Medical Center. <b>Design</b> The S-APP education and training program consisted of the following core components: 1. Clinical and Operative Skills: a. Clinical Training: Through formal skills development sessions, informal education delivered by attending surgeons in a clinical setting (e.g., ward rounds and clinics), and hands-on involvement in clinical interactions and duties. b. Operating Room Exposure: Operative and procedural skills training with the S- APP acting as first assistant to the surgeon. 2. Continuing Medical Education: a. Formal, multidisciplinary didactic sessions delivered by surgeons or other members of the healthcare team on a monthly basis covering a spectrum of relevant clinical topics. b. Access to curated educational material, including various institutional protocols for clinical management. 3. Academic Engagement: S-APPs are encouraged to identify an area of potential operational or quality improvement within the surgical service and study their area of interest through using a data-driven approach. 4. Personal Development: S-APPs are given opportunities to a. Develop their leadership skills as they assume greater clinical responsibilities through the course of their training and are involved in the education of junior members of the surgical team (e.g., newer S-APPs or students). b. Develop their presentation skills by delivering case presentations at the Morbidity &amp; Mortality (M&amp;M) conferences and other Department of Surgery meetings. <b>Evaluation</b> Evaluation forms the backbone of continuous improvement, competency assurance, and progress measurement: 1. Procedure Case Logs: Indicate the</p>

<p><b>Russell Seth Martins</b> (continued)</p>	<p>breadth and complexity of surgical exposure and experience gained by S-APPs in the operating room. Provides assurance of S-APPs competence in independently performing selected clinical procedures. 2. Mid-Year and End-of-Year Performance Evaluation (by Surgeons): Includes Accreditation Council for Graduate Medical Education (ACGME) domains and core Hackensack Meridian Health Network values. Documents the performance of S-APPs, allows for the identification of areas of improvement and the provision of relevant, constructive feedback. <b>Outcomes</b> A total of ten S-APPs are currently part of the program, with four (two general surgery and two thoracic surgery S-APPs) having completed at least a year within the training program. The data for these four S-APPs is shown in the Table. <b>Feasibility and Transferability</b> Future improvements in the S-APP training program will center around greater organizational commitment to continuous supportive education, regular and holistic competency assessment, further delineating role clarity, and greater exposure to more diverse and complex clinical scenarios. While the learning curve for a S-APP is steep, particularly for highly-specialized subspecialties like thoracic surgery, our preliminary experience has demonstrated the feasibility and success of a dedicated S-APP training program. Long-term plans include the expansion of the S-APP program to other surgical subspecialties and developing a formal S-APP fellowship program.</p>
<p><b>Huma Quadir</b></p>	<p><b>Title:</b> Walk with a Doc: Empowering Communities Towards Wellness, One Step at a Time. <b>Authors:</b> Huma Quadir MD, Huzaifa Salim MD Isaac Soliman MD FACP Hackensack Meridian Health Mountainside Medical Center Internal Medicine Residency Program <b>Purpose:</b> To initiate a trend of physical activity and changes in lifestyle for individuals with chronic medical conditions by establishing an all-inclusive 150 minute, educational and socially engaging outdoor walking sessions led by doctors, nutritionists, physical therapists, medical professionals and athletic individuals for our communities, while providing free generalized nutritional and nonmedical health guidance. Provide a platform to medical students and individuals entering medical profession to practice leadership, health advocacy and community engagement. <b>Background:</b> Many individuals have sedentary lifestyles requiring urgent need of intervention to prevent health risks in our society. Some of the common reasons are remote jobs, lack of motivation due to work schedule, limited awareness on health benefits, cultural norms and more. Most physicians advise patients to adopt 'healthy lifestyles' including diet and 150 minutes of exercise per week without factoring in how arduous a task that may be. However, due to the above-mentioned reasons and individuality, patients often struggle to initiate and/or maintain such changes. As physicians, we must often take (and initiate) the extra step to help our patients, especially if we make ourselves available to answer their questions and lead by example. <b>Design:</b> A team comprised of volunteer medical students, residents, attendings, physical therapists, nutritionists and nurses will meet at a local park with members from our communities who sign up to participate in a walk and talk. Utilizing pamphlets and posters distributed in hospitals, clinics, churches and communities to recruit interested participants, a monthly meet up at a local park will be set up. 45 minutes will be allotted to light walking, with the volunteers who would be available to discuss topics and answer questions for the community as they walk. During break sessions, there will be stretching exercises, socially engaging group activities, and nutritional and health discussions. Participant will be able to join social media group to motivate each other and share their journey. <b>Evaluation Plan:</b> Evaluations will be obtained via participant surveys that will include their walk time, days, weight, progress and a subjective opinion on their overall health and motivation from these sessions. <b>Intended Outcomes:</b> The goal of this innovation will be to facilitate and initiate sustainable long-term adoption of healthy lifestyle including regular walking routines, community engagement of health professionals, health benefit awareness, community cohesions and support. <b>Feasibility:</b> Walks are intended to be scheduled during weekends in consideration for participants who work on weekdays. It will be in an easily accessible community park with free water and other educational health flyers or diet magazines that will be distributed on during the day.</p>
<p><b>Daniel Ratanski</b></p>	<p><b>Title:</b> Revolutionizing Radiology: Interactive Strategies for Medical Student Engagement <b>Author:</b> Daniel Ratanski <b>Background</b> During the HMSOM diagnostic radiology four-week elective, students have the opportunity to get a glimpse into the life of a radiologist. However, there are unique challenges with regards to student participation throughout the elective. Diagnostic image interpretation is a difficult skill to learn, and therefore, medical students can often lack a role in the clinical setting . This project aims to utilize more active learning within the elective and help medical students understand the dynamic, clinical role of radiologists. <b>Design</b> The project proposes a revamped curriculum for the diagnostic radiology elective. This curriculum includes three main additions: (1) A final project involving a comprehensive case presentation, highlighting the impact of diagnostic imaging in patient care. (2) An ultrasound skills-session, offering hands-on experience with image acquisition and basic procedures. (3) Participation in a tumor board session to observe the radiologist's role in patient care. These elements are designed to integrate active learning strategies, enhancing student understanding and involvement in radiology. <b>Evaluation Plan</b> Students will be evaluated based on specific learning objectives (LOs) integrated into the curriculum. These LOs focus on understanding the role of radiologists, learning basic ultrasound skills, and presenting a well-rounded</p>



	<p>radiology case report. The evaluation will assess students' knowledge gain, skill acquisition, and satisfaction with the curriculum changes. <b>Feasibility</b> The proposed curriculum changes are feasible, considering the available resources within the HMSOM diagnostic radiology elective. The project involves manageable adjustments like incorporating new modules and sessions without significant overhauls to the existing structure. <b>Intended Outcomes</b> The primary outcome is an enriched learning experience where students gain a deeper understanding of the role of the radiologist in clinical settings and begin to develop proficiency in image interpretation. Additionally, the project aims to improve students' engagement and satisfaction with the radiology elective. <b>Transferability</b> The project's design allows for scalability and adaptation to other medical education settings beyond HMSOM. The active learning strategies and curriculum enhancements can be tailored to different institutions, allowing for a broader applicability and impact in medical education.</p>
<p><b>Lana Shaker</b></p>	<p><b>Title:</b> Decreasing Residency Administrative Burden through Structured Automation of Summative Evaluation Requests <b>Authors:</b> Lana Shaker, Rimma Perotte, Alyssa Berns, Joseph Underwood, Christina Hajjicharalambous <b>Background/Theory and importance in medical education</b> The ACGME requires that residents receive an evaluation at the completion of each rotation “in a timely manner”<sup>1</sup>. There is limited literature on completion rates or timeliness of end-of-rotation evaluations for residents. One study looked at 418 evaluations, finding that 82% were completed, 63% within one month, 22% between 1-2 months, and 1% after 2 months<sup>2</sup>. Aside from the lagged completion time, there is also an issue of administrative burden on the residency leadership team. The team must remind each rotation supervisor of the need to evaluate and must keep track of which evaluations are still in need of completion. <b>Design</b> To alleviate this burden and create a more streamlined process for end-of-rotation evaluations, we created an automated system. Residency leadership is expected to keep an updated list of two things: 1) which resident is doing which outside rotation during which block, 2) list of supervisors for each rotation and a link to each rotation evaluation form. Given these input items, the system automatically checks the date and if it is the end of a rotation date, it automatically does the following items: 1) sends out personalized emails to each rotation supervisor, including the name of the resident who just completed the rotation and the form that needs to be filled out, 2) for rotations where the supervisor may vary, the individual resident is emailed and asked to note which supervisors they worked most with. Then, those identified supervisors receive an invitation to fill out the end-of-rotation form. <b>Evaluation Plan</b> To identify whether the automation has expedited our summative evaluation completion times, we compared summative evaluation completion times from before the intervention (AY2223) and after the intervention (beginning in 8/23). <b>Feasibility</b> We believe this work is feasible for multiple reasons. Firstly, rotation supervisors are often inundated with administrative tasks and automated emails immediately after each rotation can help remind the supervisor about the evaluation while they still have a good memory of the resident and their time spent in the rotation. Secondly, the residency leadership team is highly incentivized to keep the data up to date, so that they can enable automation and reduce their administrative burden. Finally, the technical aspects are feasible given the Google infrastructure at HMHN. <b>Intended Outcomes</b> Comparing summative evaluation completion times prior to our intervention (AY2223) to after the intervention (beginning in 8/23), we found a statistically significant difference in the number of days it took for an evaluation to be completed. In AY2223, there was a median of 34 days until evaluation completion. After the automated system was implemented, the completion time decreased to 2 days. The greatest reduction was in the MICU rotation from 119 to 12.5 days. The automation of the summative evaluation request process has not only decreased the administrative burden on residency leadership but also led to more timely evaluations being delivered to each resident. As we believe that more timely evaluations lead to more thoughtful, comprehensive, impactful, and actionable evaluation responses, we aim to study the quality of evaluations in future work. <b>Transferability</b> This innovation is generalizable and transferable outside of emergency medicine and even outside of the network. The only necessary items to augment the system for other students would be a list of student names, their block rotations, a list of supervisors and forms for each outside rotation. Given that information, the system will automatically send out reminders and keep track of evaluation completion statuses. The Google tools used are all available through the HMHN enterprise-wide secured instance of Google Workspace. The system is fully reproducible within other HMHN departments and in institutions with similar infrastructure.</p>
<p><b>Bridget Tracy</b></p>	<p><b>Title:</b> The Human Dimension of Narratives: Telling Stories to Create Connection and Resiliency <b>Authors:</b> Bridget Tracy, Caryn Loffman, Lawrence Rosen, Carmela Rocchetti <b>Purpose</b> Narrative medicine (NM) recognizes the importance of stories in creating connections and understanding others' perspectives. We created an introduction to NM featuring live storytelling as part of our first-year students' Human Dimension (HD) curriculum, in the style of the acclaimed medical storytelling podcast, The Nocturnists. <b>Background</b> The AAMC recognizes the importance of integrating the humanities into medical education, having established the Fundamental Role of Arts and Humanities in Medical Education (FRAHME) in 2017. Narrative medicine offers benefits to students in the domains of communication, cultural humility, empathy, and professionalism. <b>Design</b> The Human Dimension (HD) is a required experiential course taken by students at</p>

<p><b>Bridget Tracy (continued)</b></p>	<p>Hackensack Meridian School of Medicine throughout their first three years. The curriculum emphasizes the development of humanism and cultural humility. We created a new curricular session entitled “The Human Dimension of Narratives” and asked students and faculty for story submissions on the theme “listening to forge connection.” Based on their submissions, three first-year students were chosen as storytellers, who received coaching and feedback from faculty. They performed in a live large-group learning session for the first-year class, along with two attending physicians. Following this, students met in small groups with faculty to debrief the larger session, and to reflect on their own creative outlets. Students were given self-guided journal prompts, as well as an initial assignment as part of HD to complete with a person they follow longitudinally in the community, related to NM. <b>Evaluation Plan</b> Post-session surveys of students and roundtable feedback from faculty demonstrated the session provided an opportunity to process emotions, promote deliberate practice and develop tools that enhance physician resilience. <b>Intended Outcomes</b> Students and faculty will gain insight into their own creative expression as a tool for resiliency, an outlet for stress, and a means of connecting to humanism in medicine. After this session, learners should be able to define NM and understand its role in enhancing empathy. Through NM and storytelling, we develop reflective skills by exploring personal reactions, biases, and emotional response. These are critical components of cultivating cultural humility, as well as a deeper connection to patients and embracing a more humanistic approach to healthcare. <b>Feasibility/Transferability</b> Storytelling is a powerful mechanism to develop core pillars of humanism, such as empathy, communication skill, cultural humility, as well as a powerful tool for physician resiliency and wellness. This is a model that is transferable to undergraduate and graduate medical education programs.</p>
<p><b>Kelly Ussery-Kronhaus</b></p>	<p><b>Title:</b> An Innovative Instructional Workshop with Simulation to Teach and Measure Student and Resident Telehealth Competencies <b>Author:</b> Kelly Ussery-Kronhaus <b>Background:</b> The COVID-19 pandemic increased interest in telemedicine to improve healthcare access for underserved communities. However, health-related social needs and clinician comfort with the technology can influence visit success rates. The Association of American Medical Colleges (AAMC), therefore, published telehealth educational objectives and competencies to guide curricula development. The challenge for medical schools and residency programs is to convert these guidelines into turn-key-ready tools to teach and measure telemedicine competencies. The University of Oklahoma School of Community Medicine partnered with the Hackensack Meridian Ocean University Medical Center Family Medicine Residency to develop and pilot a telemedicine educational workshop and evaluation rubric (i.e., Telemedicine Competency Assessment Tool) for use across the training continuum. This workshop – part of a larger competency-based telemedicine curriculum – used a medication reconciliation case to (1) teach online communication skills; (2) model a workflow that promotes patient safety; (3) illustrate the relative advantages of virtual care; and (4) encourage learners to address health-related social needs. The workshop included readings, lectures, a simulation with standardized patients, individualized learner feedback, and faculty-led group debriefs. We will present data gathered during the workshop conducted at both sites and share performance scores for medical students, physician assistant students, and family medicine residents. We describe a practical method with simulations that other medical schools and residency programs can use to teach foundational topics in telemedicine, including (1) communication skills, (2) use of emerging technologies; and (3) workflows to promote patient safety. We designed a modular curriculum so that other institutions can replicate individual components, single workshops, or the entire curriculum as time and resources permit. By mapping AAMC competencies to a rubric – and distilling competencies into observable tasks – we provide fellow educators with a common nomenclature for describing learner development and a turn-key evaluation tool to measure performance and provide feedback.</p>
<p><b>Lawrence Van Horn</b></p>	<p><b>Title:</b> Mental Skills Training in Medicine and Surgery <b>Author:</b> Lawrence Van Horn, MD <b>Learning Objectives:</b> 1. Teach attendees how to use performance psychology techniques to enhance preparation for procedures, minimize drift during a procedure, and evaluate mental preparation for future procedures using a mental skills checklist. 2. Teach attendees how incorporation of a performance psychology perspective is likely to contribute to physician wellness through, particularly by separating themselves as a surgical performer from themselves as a person. 3. Teach attendees how performance psychology can enhance teamwork to improve patient care by applying these principles during deliveries and procedures. <b>Background/Theory and importance in medical education:</b> This one-hour session will be based on theory, research, and practice in the use of performance psychology as applied in a range of professional disciplines including sports, the performing arts, the military, business, and law. Sources inside and outside of medicine have noted the lack of training in mental skills in surgery that other disciplines have adopted and that such lack of training can be considered to limit surgical performance (see references). <b>Design:</b> Based on a mental performance program for ob/gyn residents at Jersey Shore University Medical Center, with guidance from a sport psychologist of a Major League Baseball club, this session will address how residents received mental skills training and applied those skills to: (a) prepare mentally and emotionally for surgery; (b) maintain focus and</p>

<p><b>Lawrence Van Horn (continued)</b></p>	<p>composure during surgery; and (c) review surgical performance. <b>Evaluation Plan:</b> There is little medical literature on the application of performance psychology to medicine, although a few studies will be reviewed where mental skills training has been investigated. Attendees will be taught about their role as a performer, and with that role, to be attentive to mental skills that can be used to improve performance in the three stages of a procedure: before, during, and after. With this training comes an appreciation for their roles of the entire surgical or obstetrical team, promoting teamwork. With attention to three things we can control: our thoughts, emotions, and actions; and attention to avoiding equating self-worth with our performance, wellness can be addressed. Evaluation of this process could be performed using a questionnaire before and after a mental skills program, to assess the benefit the attendees perceive in such a program in terms of their overall reaction, learning, and application of what they have learned. <b>Intended Outcomes:</b> Attendees will be taught their role as a performer, and to learn mental skills in the three stages of a procedure: before, during, and after. Skills taught include maintaining focus, composure, and calm in the delivery and operating rooms. Benefits of this training include improved decision making and wellness, as well as, ideally, decreasing medical mistakes and enhancing patient safety. <b>Transferability:</b> The skills learned can be transferred to other areas where the enhancing mental skills in the role of a performer can be applied, such as during deliveries, interviews, patient encounters, and test taking.</p>
<p><b>Charles Weber</b></p>	<p><b>Title:</b> Artificial Intelligence as an Adjunct to Question Based Active Learning <b>Author:</b> Charles Weber, MD, FACR <b>Background:</b> Students learn best when they are active participants in the learning process. When students are given information they may remember isolated facts, but they are more likely to grasp the situation if they arrive at the answers on their own through leading questions. There are times when the instructor may not be available to pose such questions or may not be able to do so. <b>The Knowledge/Action Gap:</b> Learning requires access to knowledge. If the instructor is not present when a student is evaluating a patient, or if the instructor does not have adequate knowledge of the presenting clinical situation, leading questions will not be created to instruct the student. <b>Objective of the project:</b> To determine if Artificial Intelligence (AI) in the form of a large language Model is able to generate the questions that can lead the student to a better understanding of a clinical situation. <b>Design:</b> Present a clinical situation to an AI and ask it to generate questions to help the student understand the diagnosis. The following case was presented: A 55-year-old patient with an elevated ESR, pain in both upper arms, 15-pound weight loss, and severe fatigue. His hands have no joint pain. The AI was then asked: "Ask me multiple choice questions about this patient to help me learn about this condition. It was asked: please provide the answers. Responses were evaluated for accuracy and utility in helping the student learn the information. <b>Evaluation:</b> The response to the above scenario by an AI Doctor Oracle included the most likely diagnosis, which is Polymyalgia Rheumatica, the Signs and Symptoms which it obtained from the stem, the Diagnosis, the Treatment, the Differential Diagnosis, and Caveats including important facts about Polymyalgia Rheumatica. In response to the question: Ask me multiple choice questions about this patient to help me learn about this condition, it responded: with 5 multiple choice questions. Question one was: 1. Which of the following symptoms is most characteristic of this patient's presentation? A) Joint swelling B) Muscle weakness C) Severe fatigue and proximal muscle pain D) Rash. Question 4 was: 4. What is the most likely differential diagnosis? A) Fibromyalgia B) Rheumatoid arthritis C) Osteoarthritis D) Lupus. It responded as follows to the question, please provide the answers: Here are the answers to the polymyalgia rheumatica multiple choice questions: 1. C) Severe fatigue and proximal muscle pain. This is the most classic presentation. Question 4: 4. A) Fibromyalgia. This is a key differential to rule out. The answer to question 4 is incorrect. It was asked: I disagree with your answer to number 4. The ESR is usually not elevated in fibromyalgia. Rheumatoid arthritis is more likely. It replied: You're absolutely right, my answer for #4 was incorrect. Rheumatoid arthritis is the most likely differential diagnosis, not fibromyalgia. Thank you for catching that mistake! The elevated inflammatory markers like ESR help differentiate polymyalgia rheumatica from fibromyalgia. <b>Intended outcomes:</b> AI may be an asset in accessing and presenting knowledge in a question based active learning session in a clinical setting. <b>Feasibility/Transferability:</b> AIs are easy to access. Interacting with them is done in regular human language not with programming languages. <b>Discussion/Conclusion:</b> The AI Doctor Oracle performed well in terms of correctly identifying the diagnosis in a straightforward case of polymyalgia rheumatica (PMR). It was able to generate appropriate questions that helped reinforce concepts and ideas associated with PMR. When challenged on an incorrect answer it gave, it agreed and then proceeded to explain why it was wrong. Microsoft's Copilot was also tested. It gave the correct diagnosis. It generated 2 questions which were adequate. Unfortunately, when asked to generate additional questions it repeated the second one several times. An AI trained in medical education would be preferable.</p>

# 2024 AWARD WINNERS

## BEST INNOVATION ABSTRACT TRAINEE



**CATHERINE HAHN, MD**  
Resident, PGY-3

**Abstract: Finding Joy in the Community:  
Highlighting a Resident Advocacy Curriculum as a  
Means of Promoting Resident Wellness**

**Authors: Catherine Hahn, MD, Alessia Zambrano,  
DO, Susan G. Mautone, MD**

## BEST RESEARCH ABSTRACT TRAINEE



**ALLISON BROWN**  
Student

**Abstract: Genesis and Cure of Neurophobia in  
Medical Education: A Narrative Literature Review**

## BEST INNOVATION ABSTRACT FACULTY

**ASENA  
BAHCE-ALTUNAS, MD**  
Faculty



**Abstract: Joint Effort: Integrating Rheumatology  
into Orthopedic Residency Training**

## BEST RESEARCH ABSTRACT FACULTY



**TOVAH TRIPP, MD**  
Director of PPPC  
IM Clerkship Director

**Abstract: Information mastery skills among pre-  
clerkship students in a Patient Presentation  
Problem Based Learning Curriculum**

**Authors: Tovah Tripp, Joshua Josephs, Ofelia  
Martinez, Miriam Hoffman, Chris Duffy, Margaret  
Dreker**



# Human Dimension Capstone Day Overview

## What is a Human Dimension Capstone Project?

All students are required to complete a scholarly project- the Human Dimension (HD) Capstone- before the completion of Phase 2.

Students analyze, integrate, and synthesize major themes experienced throughout the 3-year Human Dimension longitudinal curriculum.



Based on a clinical experience during their clerkship year, each student selects a specific challenge within a Determinant of Health to research and propose a system-level solution. This process not only deepens their understanding but also fosters personal growth, problem-solving and creates real time change.

**Human Dimension Capstone Day  
will be held on  
May 15, 2024  
3:00 PM - 6:30 PM**

# Stay Engaged!

Would you like to be reminded of upcoming Medical Education Scholarship Events? Reach out to ([omeadmin@hmhn.org](mailto:omeadmin@hmhn.org)) to be added to the distribution list.

## MedEd Scholarship Conference

Second Thursday of every month, 12:00pm - 1:00pm

## MedEd Journal Club

Third Wednesday of every month, 12:15pm - 1:00pm

Many Medical Education Scholarship Resources can be found at  
<https://bit.ly/HMSOMMedSchool>



## CME Information

### CME Post-Activity Evaluation for **WORKSHOPS and PLENARY**

Scan the code with your phone or  
access via links below:

<https://redcap.link/SOMOMEMedEdWorkshop5.14.24>  
<https://redcap.link/SOM-OMEMedEdPlenary5.14.24>



Workshop



Plenary



### CME Post-Activity Evaluation for **JOURNAL CLUB**

Scan the code with your phone  
or access via link below:

[https://redcap.link/SOM\\_OMEMEDEDJC5.13.24](https://redcap.link/SOM_OMEMEDEDJC5.13.24)



Hackensack Meridian  
School of Medicine