



Hackensack Meridian
School of Medicine

3rd Annual

HMSOM MEDICAL EDUCATION WEEK

May 12 - 16, 2025

Program and Abstract Book



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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 know about upcoming Medical Education Scholarship Events?

Reach out to (omeadmin@hmhn.org) to be added to the distribution list.

Welcome Message - Miriam Hoffman, MD
Vice Dean for Academic Affairs, Hackensack Meridian School of Medicine



Dear School of Medicine Community,

We are thrilled to welcome you to our third 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 is hard to believe that we are about to welcome our 8th cohort of students! From the beginning we began with our vision, with our goal of improving health outcomes. This drives all aspects of the School of Medicine's educational program - from what we teach to how we teach, to how we have structured the school. You can see this well reflected in the breadth and depth of activities and presentations taking place during this year's Medical Education Week.

We have an incredible agenda of activities. 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. From in-person and virtual workshops to a Med Ed Journal Club focused on competency-based medical education, an amazing plenary, and of course poster sessions with students, faculty, staff, residents, and fellows presenting their medical education research and innovations. And of course we have the Human Dimension Scholarly Capstone Day presented by Jonathan & Lizzie Tisch on Wednesday - one of the best examples of medical education as a powerful force for change.

I also encourage all of you to take some time this week to think about your medical education career. How can you take your scholarly teaching towards the scholarship of teaching and learning and then to medical education research? We are very lucky to have many resources to grow your capacity and engagement in medical education research and scholarship, and I encourage you to learn about them and lean in to these opportunities.

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 Medical Education Research and Scholarship activities, and to find a collaborator with similar focus. You are all doing important and creative medical education work. 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! In fact, you can sign up to present your article, research, or project at an upcoming Med Ed Scholarship conference to get feedback and find collaborators.

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 that each of you do each and every day.

All my best,
Miriam



Med Ed Week Agenda

Monday, May 12

12:30 PM - 1:45 PM

Welcome and Med Ed Journal Club

Virtual

Frank JR, Snell LS, Cate OT, et al. **Competency-based medical education: theory to practice.** Med Teach. 2010;32(8):638-645. doi:10.3109/0142159X.2010.501190 PMID: 20662574

Karolinska Institutet Podcast. Episode #72: Is this program competency-based? Jason R. Frank

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 13

1:00 PM - 2:00 PM

Concurrent Workshops
(continued on next page)

Embracing Generative AI: A Hands-on Workshop

Room 3414

Kaitlyn Bankieris, PhD
Lead Data Scientist
Hackensack Meridian Health

Charles E. Binkley, MD
Director of AI Ethics and Quality
Associate Professor of Surgery

Tuesday, May 13 (continued)

1:00 PM - 2:00 PM

Concurrent Workshops (continued)

Environmental Health: Utilizing the Planetary Health Report Card to Refresh your Curriculum

Room 3416

Lawrence Rosen, MD
Associate Professor of Pediatrics
Assistant Director of the Human Dimension Course
Co-Chair EHWG

Establishing a GME Individualized Medical Education Remediation Program

Room 3418

Marni Kriegel, MD, MEd
Assistant Professor, Hackensack Meridian School of Medicine

Aleksandr Tichter, MD,
Vice Chair of Education, Department of Emergency, Hackensack University Medical Center

Hemlata Sharma, MD

The Power of Accountability in Medical Education Workshop

Room 3420

Sara Herman, MSW, LSW
Senior Advisor, Advising and Career Development

[View Complete Workshop Overviews on p. 10-11](#)



2:15 PM - 3:15 PM

Plenary Speaker

4th Floor Amphitheater
and Virtual*

Building an Educator's Career in Medicine

Monica Lypson, MD

Vice Dean for Education, Rolf H. Scholdager Professor
Vagelos College of Physicians and Surgeons
Columbia University Irving Medical Center



PLENARY SPEAKER
MONICA LYPSON
MD, MHPE

Monica Lypson, MD is the Vice Dean for Education at Columbia University's Vagelos College of Physicians and Surgeons and holds the title of Rolf H. Scholdager Professor of Medicine at Columbia University Irving Medical Center. She is dedicated to advancing medical education, improving equity in healthcare, and preparing a culturally competent workforce. Dr. Lypson served as the Director of Medical and Dental Education for the Veterans Health Administration, where she oversaw national programs aimed at improving training and delivering care to our nation's veterans. She has also held roles as Vice-Chair of Medicine and Division Director of General Internal Medicine at The George Washington University School of Medical and Health Sciences and served as Secretary and President of the Society of General Internal Medicine. Board-certified in general internal medicine, Dr. Lypson has significant leadership experience in clinical, educational, and administrative settings. At the Ann Arbor VA Healthcare System, she served in roles including Acting Chief of Staff. At the University of Michigan Medical School, she was Assistant Dean for Graduate Medical Education and Faculty Director of the Standardized Patient Program.

Dr. Lypson has authored over 100 peer-reviewed publications on learner assessment, communication skills, and cultural humility and workforce. She has worked with organizations like the Accreditation Council of Graduate Medical Education, the Association of American Medical Colleges, and the National Board of Medical Examiners to address healthcare workforce development and education. She earned her Bachelor's degree from Brown University, her medical degree from Case Western Reserve University School of Medicine, and a Master's degree in Health Professions Education from the University of Illinois at Chicago. She completed her internal medicine residency at Brigham and Women's Hospital and trained as a Robert Wood Johnson Clinical Scholar at the University of Chicago.

3:15 PM - 3:30 PM

Awards Ceremony

4th Floor Amphitheater*

3:30 PM - 4:30 PM

Reception

4th Floor Amphitheater

**For virtual option, see your registration confirmation*

Poster Sessions

Tuesday, May 13 (continued)

4:45 PM - 5:30 PM **Poster Session 1** **4th Floor Learning Studios**

AnnGene Anthony	Fostering the Next Generation - A Medical Education Elective for Residents
Rashi Bedekar	Evaluating the effectiveness of the ECG Symposium for Internal Medicine Residents: A Pre- and Post-Assessment Study
Rashi Bedekar	Enhancing Medical Training Through Real-Life Simulation Scenarios to Improve Patient Satisfaction and Communication
Mira Blecherman	Ripple Magazine: A Multimedia Showcase of Artistic Voices in Medical Education
Yu-Han Chen	Advancing Resident Skills in Evidence-Based Practice and Research: PICO and PubMed Search Educational Workshop
Natalia DaFonte	Performance of Surgical Residents After Accelerated 3-Year Medical Degree
Lindsey Dedow	Individualized Learning Plan use in Undergraduate Medical Education: Measuring Impact and Success
Margaret Dreker	Enhancing Clerkship Education: Streamlining with Google Classroom
Mekbib Gemeda	Implementing Restorative Practices: Building a Healing Community at HMSOM
Mekbib Gemeda	M.I.N.D.S. Program: Fostering Discovery of Science and Medicine through Pathway Programs in Medical Education
Gwen Glatz	HMSOM Procedural Doula Program
Kyle Harvey	Analyzing the Initial Impacts of the Single Accreditation System Merger on Allopathic and Osteopathic Graduate Representation in Urology Residency Programs
Tamar Itzkowitz	Pain medicine elective
Maciej Kabat	Proposal: Assessing the Impact of Simulation Training on Clinical Competence and Teamwork Among Medical Trainees
Joseph Martinelli	Evaluating the Effectiveness of the RATTLED Program in Developing Resident Teaching and Evaluation Skills
Jasmine Mathew	Student Advisory Group: A Collaborative Approach to Enhance Academic Support
Avni Patel	Thriving Together: Longitudinal Group Coaching for Obstetrics and Gynecology Residents
Matthew Phillippi	Imaging Disparities Curriculum for Medical Students
Ruchi Raval	Structuring For Success? A Systematic Review Of Structured and Unstructured Peer Learning in Medical School.
Maya Sorini	Narrative Medicine's Parallel Charting for Medical Student Empathy: A Systematic Review
Colleen Stotts	Learning and Teaching Adolescent Substance Use and Addiction: One Week Curriculum
Chadane Thompson	Bridging the Gap in Graduate Medical Education: A Review of Palliative Care Integration into Hematology/Oncology Fellowship in the United States
Julia Wickman	Perceptions of Development, Progression, and Retention of Acute Care Skills after a Longitudinal, Mandatory, Third-Year Emergency Medicine Clerkship by Current Students, Graduates, and Faculty



Tuesday, May 13 (continued)

5:45 PM - 6:30 PM Poster Session 2

4th Floor Learning Studios

Ethan Burg	Opioid Use Disorder Education Improves Knowledge and Reduces Stigma Among Medical Students
Grace Chester	U.S Medical Student Training in Acute Care Surgery Through the Lens of Educational Theories: A Narrative Literature Review
Heba Ekladios Heba Ekladios	Advancing Psychiatric Training at HMH: A Focused Curriculum Development Project Bridging the Gap: Empowering leadership skills of residents to address the equity of mental health and reduce stigma in underserved communities.
Jasmine Gadhavi	Implementation of a Case-based Ethics Curriculum for Pediatric Clerkship Students
Tanjila Haque	Improving resident comfort level in firearm injury prevention counseling
Shania Hemphill	A Preliminary Report on Student Engagement with Peer Tutoring
Aparna Iyer	From Clinic to Community: Empowering Health Through the Live Well Center
Daniella Kay	Implementation of the Planetary Health Report Card to Improve Environmental Health Education at HMSOM
William Kohman	Firearm Safety Education in Undergraduate and Graduate Medical Training: Assessing Gaps and Opportunities for Integration
Chelsea Li	Pain Management and SUD Care in Medical School Curriculum – Key Points and Takeaway Message from AAMC Survey Report
Rachel Lozada	Study Strategies to Optimize USMLE Step 1 Performance: A Literature Review
Matthew Luebke	Development of Longitudinal Competencies for Environmental Health Education at the Hackensack Meridian School of Medicine
Tyler Schoch	To Resuscitate or Not Resuscitate? The Effect of an Interactive Didactic Session on Internal Medicine Residents' Confidence, Comfort, and Proficiency in Leading Code Status Discussions
Maya Sorini	Narrative Medicine Workshops for Patients with Chronic Neurological Disease
Aishwarya Sridhar	Artificial Intelligence in Clinical Skills Education of Medical Students: A Scoping Review
Chadane Thompson	Improving Residents' Knowledge and Application of Landmark Clinical Trials in Internal Medicine: A Hybrid Curriculum Integrating Interactive Learning and Gamification
Jillian Weinfeld	Improving the Process of Evaluation for Clinical Competency Among Family Medicine Residents in Rapid Response Scenarios
Julia Wickman	The Impact of a Longitudinal, Mandatory, Third-Year Emergency Medicine Clerkship on Student Interest, Perceptions, and Residency Applications in Emergency Medicine

View Complete Poster Abstracts on p. 12-39

Wednesday, May 14 - Human Dimension Scholarly Capstone Day Presented by Jonathan & Lizzie Tisch

12:30 PM - 1:20 PM

Keynote Speaker

4th Floor

Elizabeth A. Cerceo, MD, FACP, FHM Amphitheater
Cooper Medical School of Rowan University



KEYNOTE SPEAKER
ELIZABETH A. CERCEO
MD, FACP, FHM

Dr. Elizabeth Cerceo is an Associate Professor of Medicine and the Director of Climate Health at Cooper Medical School of Rowan University. She also serves as Associate Program Director of the Internal Medicine residency and chairs Physician Engagement and Women in Medicine. A board-certified internist, she oversees faculty development and research in the Department of Hospital Medicine. Dr. Cerceo's primary focus is integrating climate health into medical education at all levels, from medical school through residency and faculty development.

Beyond her work at Cooper, Dr. Cerceo is a prominent advocate for climate-conscious healthcare. She holds leadership positions in numerous organizations, including chairing Health and Public Policy for the American College of Physicians - New Jersey chapter, leading a climate task force for the Medical Society of New Jersey, and chairing committees for the Medical Society Consortium on Climate and Health. She also serves on the Board of the American Public Health Association's Center for Climate, Health, and Equity. Her work addresses sustainable healthcare infrastructure, health policy, and health equity, supported by grant-funded research and numerous publications and lectures. Dr. Cerceo earned her medical degree from Robert Wood Johnson Medical School and completed her residency at the Hospital of the University of Pennsylvania.

1:30 PM - 2:15 PM

HD Poster Presentation, Round 1

3rd & 4th Floor
Learning Studios

2:30 PM - 3:00PM

Awards

3rd & 4th Floor
Learning Studios

3:15 PM - 4:00 PM

HD Poster Presentation, Round 2

3rd & 4th Floor
Learning Studios

4:15PM - 5:00 PM

HD Poster Presentation 3

3rd & 4th Floor
Learning Studios

4:15 PM - 5:00 PM

HD Capstone Q&A

4th Floor
Amphitheater

View Human Dimension Scholarly Capstone Day Overview on p. 41



Thursday, May 15 - Library Day

12:30 PM - 1:15 PM

Workshop 1: Developing Your Research Presence: A Workshop for Researchers

Virtual

Christopher Duffy, MLIS, AHIP
Associate Dean, VP Medical Libraries,
HMSOM Library

Peggy Dreker, MPA, MLS
Medical Librarian, IHS Library

Kyle Downey, MLS
Health Sciences Librarian, IHS Library

1:30 PM - 2:15 PM

Workshop 2: Unlock Your Research: A Guide to Open Access Publishing

Virtual

Christopher Duffy, MLIS, AHIP
Associate Dean, IHS Library

Jennifer Rojas, MLIS
Director, Network Library

Peggy Dreker, MPA, MLS
Medical Librarian, IHS Library

Kyle Downey, MLS
Health Sciences Librarian, IHS Library

Workshop Overviews

Embracing Generative AI: A Hands-on Workshop

Summary: This interactive workshop introduces participants to generative AI (gAI) tools for teaching, research, and administration. Participants will learn key concepts of the HMSOM gAI Use Policy, principles of prompt engineering, and practical applications using HMH's approved model, Ekam. Through live demos and hands-on practice, attendees will explore AI-driven tasks like summarizing articles, simulating patient encounters, and creating assessments.

Participant Learning Objectives:

- Explain the key concepts in the HMSOM Generative AI Use Policy
- Describe the basic principles of prompt engineering
- Demonstrate how to use an HMH approved gAI model to summarize a journal article, write a letter of recommendation, create a simulated patient encounter, and generate board-style multiple-choice questions

Kaitlyn Bankieris,
PhD

Lead Data Scientist
Hackensack Meridian
Health

Charles E. Binkley,
MD

Director of AI Ethics and
Quality
Associate Professor of
Surgery

Environmental Health: Utilizing the Planetary Health Report Card to Refresh your Curriculum Workshop

Summary: The AAMC and ACGME have identified planetary health as a priority in medical training. This workshop will review HMSOM's Planetary Health Card findings to help guide you in identifying environmental health curriculum gaps and opportunities in your UME, GME and CME programs.

Participant Learning Objectives:

- Analyze key findings of the HMSOM's Planetary Health Report Card
- Reflect on opportunities for integration of Environmental Determinants of Health (EDOH) in your course/clerkship/program
- Create a SMART goal to assess gaps and identify opportunities to integrate EDOH in your course/clerkship/program

Lawrence Rosen,
MD

Associate Professor of
Pediatrics
Assistant Director of the
Human Dimension
Course
Co-Chair EHWG

Workshop Overviews (Continued)

Establishing a GME Individualized Medical Education Remediation Program Workshop

Summary: This workshop will provide participants with an opportunity to review best practices for remediation in medical education; learn about the process and lessons learned in our experience establishing a remediation program; use active, experiential learning to apply and integrate these concepts; and start to create or improve a remediation program for their own educational setting.

Participant Learning Objectives:

- Understand current literature and best practices for remediation in GME
- Apply and integrate the processes and lessons learned from the recently created HUMC ED Residency remediation program
- Begin the process of creating or improving remediation programs in each participant's setting

Marni Kriegel, MD,
MSEd
Assistant Professor,
Hackensack Meridian
School of Medicine

Aleksandr Tichter,
MD,
Vice Chair of Education,
Department of
Emergency, Hackensack
University Medical
Center

Hemlata Sharma,
MD

The Power of Accountability in Medical Education Workshop

Summary: This interactive workshop, based on Hackensack Meridian School of Medicine's advisor-led Accountability and Habit Formation group, showcases the importance of providing peer support and habit formation techniques for first-year medical students. The goal is for attendees to develop an understanding of how habit formation and accountability increase long-term success in medical students and implement similar techniques in their own institutions.

Participant Learning Objectives:

- The goal of the interactive workshop is to showcase the importance of peer support and accountability techniques in medical education. The workshop will provide a mini-lesson for attendees to give them time to reflect on their own goals, barriers to reaching them, and methods to help overcome roadblocks along the way. By the end of the workshop, attendees should have a broader understanding of the methodologies from the Accountability and Habit Formation group and hopefully utilize the techniques at their own institutions and within their scope of practice, to put into practice with students and on their own habit goals.

Sara Herman,
MSW, LSW
Senior Advisor, Advising
and Career
Development

Research Abstracts

(Sorted Alphabetically by Submitting Author's Last Name)

<p>Ethan Burg</p>	<p>Title: Opioid Use Disorder Education Improves Knowledge and Reduces Stigma Among Medical Students. Author(s): Ethan Burg BS, Morgan Peltier PhD, Anam Ali MD, Hussain Abdullah MD. Introduction: The opioid crisis is a public health emergency in the United States. Many providers endorse a lack of experience treating patients with opioid use disorder and managing medication for opioid use disorder (MOUD)¹. This lack of knowledge and the pervasive stigma surrounding OUD/MOUD has led to under utilization of life saving MOUD¹. There has been a growing movement within undergraduate medical education to improve OUD education. This occurs frequently during medical student's clerkships years and has been shown to increase knowledge on the topic and foster positive attitudes towards OUD and MOUD³. There exist a paucity of studies examining the impact of OUD/MOUD curriculum during the formative pre-clerkship years. Our studies goal was to evaluate the impact of such a curriculum on students' stigma, knowledge, attitudes and practices regarding OUD and MOUD. Methods: Second year medical students from Hackensack Meridian School of Medicine during 2024 completed three lectures on OUD/MOUD integrated throughout the course of three weeks of their pre-clerkship curriculum. 167 medical students from this class were recruited to complete a survey that assessed their stigma, knowledge, attitudes and practices concerning OUD/MOUD prior to the first lecture. Students who completed the initial survey were invited to complete a repeat survey. Students' knowledge, attitudes and practices (KAP) scores as well as a total combined KAP score were analyzed using ordinal regression in relation to demographic and background questions concerning OUD. A separate stigma score was calculated using selected questions from the survey and analyzed using a Fisher's exact test. Results: 59 students completed the initial survey and 28 the repeat survey with 24 respondents completing both. Knowledge scores and total KAP increased after the lecture series: odds ratio (OR) = 7.47 (95% CI 2.73-20.45) and OR = 5.94 (95% CI 2.07-1.70e1) respectively. Students' attitudes and practice scores were not significantly changed from the lectures: OR = 2.26 (95% CI 0.672-7.63) and OR=1.73 (95% CI 0.490-6.13) respectively. Completion of the lectures resulted in statistically significant reduction in stigma scores; p value = 0.04 and OR = 0.239 (95% CI 0.046-0.0970). Previous MOUD education or personal experience did not significantly impact stigma, knowledge, attitudes, practices or total KAP scores. Discussion/Conclusion: The pre-clerkship OUD and MOUD curriculum resulted in significant improvements in knowledge and reduction in stigma for medical students, this align with prior literature^{3,4}. However, contrary to prior studies, previous personal exposure or education on OUD did not significantly impact student's attitudes/practices. This may be due to the limited time course of the study. Prior studies have shown that experiential learning with patients with OUD has the greatest impact on students' attitudes. This reflects our students' own curricular feedback. Future research is needed to examine the long term effects of this curriculum on students as they progress throughout their medical careers. Such as its effect on MOUD prescription rates, engagement with OUD patients and likelihood of pursuing a career in addiction medicine.</p>
<p>Yu-Han Chen</p>	<p>Title: Advancing Resident Skills in Evidence-Based Practice and Research: PICO and PubMed Search Educational Workshop. Author(s): Yu-Han Chen, Arit Ntekim, Ellen Choi, Maria Cassanova, Chadane Thompson, Kemar Barrett, Dipal R. Patel. Introduction: Evidence-based medicine (EBM) is a central component of modern clinical practice, requiring clinicians to define clinically relevant questions, appraise the best available evidence, apply it in practice, and evaluate its effectiveness. Despite emphasizing EBM in residency programs, residents often face barriers to engaging in EBM and research. Methods: A one-hour workshop was conducted for residents at the internal medicine residency in Englewood Hospital and Medical Center in 2024. The workshop covered formulating PICO questions, PubMed searches, and</p>



<p>Yu-Han Chen (continued)</p>	<p>using Medical Subject Headings (MeSH) terms. Pre- and post-workshop surveys assessed participants' confidence in EBM. Data were analyzed using the Wilcoxon signed-rank test, with statistical significance defined as a p-value < 0.05. Results: 57 potential participants were in the residency program. A total of 31 participants (54.4% of total potential participants) completed the pre-workshop survey, and 21 (38.9%) completed the post-workshop survey. Statistically significant improvements were observed across all assessed domains, with the global confidence score increasing from 2.65 pre-workshop to 3.32 post-workshop (p < 0.001). Discussion/Conclusion: Our workshop significantly enhanced participants' confidence and skills in EBM and research. It effectively addressed knowledge gaps and fostered EBM proficiency in the residency program. Further research is needed to replicate these findings in larger cohorts using structured interventions and validated assessment tools to explore the long-term impact of such workshops on residents' scholarly activity and clinical practice.</p>
<p>Grace Chester</p>	<p>Title: U.S. Medical Student Training in Acute Care Surgery Through the Lens of Educational Theories: A Narrative Literature Review. Author(s): Grace Chester, BS, Peter Park, MD, Keith Metzger, PhD, Elizabeth Koltz, EdM. Introduction: Acute Care Surgery (ACS) is a general surgery subspecialty integrating trauma surgery, surgical critical care, and emergency general surgery. Since its formal establishment in 2003, ACS has grown in clinical scope and demand; however, the integration of ACS training into undergraduate medical education in the United States remains inconsistent. Despite evidence suggesting that early exposure to ACS can increase student interest and preparedness, no standardized national curriculum exists. Furthermore, the extent to which educational theory informs ACS instruction at the medical student level has not been comprehensively evaluated. The objective of this narrative literature review is to analyze the current state of ACS education for U.S. medical students and explore the degree to which established educational theories are applied within these training programs. The review seeks to highlight both the diversity of existing educational methods and the theoretical frameworks that could be used to enhance instructional quality and learner outcomes. Methods: A comprehensive literature search was conducted between April 3–8, 2025, with support from two medical librarians. The following databases were searched: PubMed, Scopus, ERIC, Academic Search Premier, MedEdPORTAL, and ProQuest Central. Grey literature sources included Science.gov, MedEdPORTAL, the American College of Surgeons, and the American Association for the Surgery of Trauma. Search terms included combinations of “Trauma Surgery,” “Acute Care Surgery,” “Critical Care Surgery,” “Medical Students,” “Undergraduate Medical Education,” and “Clinical Clerkship.” Articles were screened for relevance based on their focus on ACS education, inclusion of U.S. medical students, and use of identifiable instructional strategies. A total of 24 articles were included and analyzed for alignment with educational theories, including cognitivism, behaviorism, personal constructivism, psychomotor learning, social learning, and transformative learning. Results: Educational interventions identified in the literature included didactic lectures, simulation-based learning, problem-based learning modules, clinical rotations, surgical skills laboratories, and virtual simulation platforms. While many studies demonstrated high learner satisfaction, performance improvement, or increased confidence, few explicitly stated theoretical underpinnings. Notably, only 16.4% of surveyed U.S. medical schools required an ACS rotation, though 62% believed it should be mandatory. Among the educational methods reviewed, several aligned with cognitivist and psychomotor learning models, emphasizing information processing, procedural practice, and feedback-driven improvement. Affective domain and social learning theories were relevant in emotionally charged simulations and team-based learning environments. Transformative learning theory was applied in cases requiring ethical reasoning or critical reflection, such as pediatric trauma or suspected non-accidental trauma. Discussion/Conclusion: This review reveals significant variability in how ACS education is delivered to U.S. medical students and highlights a critical gap in the intentional application of learning theory. While many programs incorporate practices that align with educational theory, these are often implemented without explicit design. Aligning ACS training with established pedagogical frameworks has the potential to improve knowledge retention, procedural competence, and professional identity formation. Future work should focus on standardizing curriculum components, embedding theory-driven instructional design, and conducting longitudinal evaluations to determine the impact on clinical preparedness and specialty interest.</p>

<p>Natalia Dafonte</p>	<p>Title: Performance of Surgical Residents After Accelerated 3-Year Medical Degree. Author(s): Natalia DaFonte*, Catherine Implicito*, Burton Surick, MD, Jeffrey Boscamp, MD, Howard Ross, MD.</p> <p>Introduction: As medical school curriculum design evolves and tuition continues to rise, three-year medical education has become more appealing to expedite education and reduce student debt. There has not yet been a study that investigates the performance of these three-year track medical students during their general surgery residency. Hackensack University Medical Center provides a unique cohort to look deeper into the performance of 3-year track residents compared to traditional 4-year track residents. Methods: This study examines the performance of graduated 3-year track students, also known as Phase 3 Residency (P3R) students compared to the performance of their 4-year track peers on Step 2 and on the American Board of Surgery In-Training Examination (ABSITE) using a Mann-Whitney U test. Additionally, milestone score data from the midpoints and endpoints of Post Graduate Year (PGY)1 and PGY2 was compared for P3R and 4-year track residents using a Student's T-test. Additionally, program directors from programs across the U.S. that have three-year track residents in general surgery were consulted on their experience and a descriptive analysis was conducted. Results: There was no significant difference in the performance of P3R general surgery residents and traditional 4-year track general surgery residents on Step 2 or the ABSITE ($p=0.219$; $p=1.0$). For the most part, P3R residents performed as well as 4-year track residents in reaching and excelling in milestones during each interval (PGY1-mid $p=0.623$; PGY1-end $p=0.323$; PGY2-end $p=0.151$). There was a significant difference in P3R resident and 4-year track resident milestone performance during the "PGY1-end to PGY2-mid interval," as P3R residents were outperformed by their 4-year track counterparts ($p=0.017$). This gap was resolved by the end of PGY2.</p> <p>Discussion/Conclusion: Accelerated tracks to general surgery residency are uncommon but represent an emerging path in medical curricula. With the jump in responsibility for residents from PGY1 to PGY2, there is a slight lag in P3R resident performance behind the 4-year track general surgery residents. Overall, we find that accelerated 3-year medical track residents perform on par with traditional 4-year track general surgery residents – suggesting that accelerated tracks to general surgery residency can be safely implemented for highly motivated students and residency programs mutually invested in their success.</p>
<p>Heba Ekladios</p>	<p>Title: Bridging the Gap: Empowering leadership skills of residents to address the equity of mental health and reduce stigma in underserved communities. Author(s): Heba Ekladios, Samantha Pignatelli, Nathan Carroll, Rehan Aziz. Introduction: Evidence of mental health disparities among minorities and underserved communities has been increasingly documented, highlighting numerous barriers that prevent equitable care. These barriers include a lack of community-based interventions, unequal access to evidence-based practices, pervasive stigma around mental health, and shortages in the mental health workforce. Additionally, the geographical maldistribution of providers further exacerbates disparities, especially in rural or underserved areas. Recent literature has focused on rearrangements in psychiatry training during medical school and residency to overcome these barriers. In this workshop, we guide residents in different residency programs in creating a project plan for a community-based intervention "Mental Health Fair" and in identifying goals such as raising awareness, offering resources and education. Methods: A workshop was conducted for residents and medical students of psychiatry residency programs at Jersey Shore University Medical Center and Ocean University Medical Center to enhance their leadership and research skills, specifically on organizing community-based initiatives such as mental health fairs. The workshop aimed to empower future medical professionals to develop critical skills for engaging with underserved communities in New Jersey. Results: Under the leadership of the Psychiatry Residency Program at Jersey Shore University Medical Center, a mental health fair was held on May 6th, 2023, and then a year later on May 11th, 2024, at Springwood Park in Asbury Park. Residents and medical students created and organized the fair, which aimed to educate community members about the value of preventative mental health and assist them in connecting with mental health services in the area. Organizers compiled a comprehensive list of community partners, using the Directory of Mental Health Services. Individualized emails were sent to each community partner to invite them to participate. Advertising for the Mental Health Fair was largely through flyers posted within the hospital and shared at in person clinic locations of community partners. The fair was attended by about one hundred and fifty community members who spent the morning learning about mental health services, and collecting contact information and resources along the way. Each attendee received a drawstring bag containing folders filled with information packets and guides. One pamphlet outlined the roles of various providers, including psychiatrists, and social workers, along with a basic overview of mental</p>

<p>Heba Ekladios (continued)</p>	<p>illnesses. Discussion/Conclusion: Populations in racial-ethnic minority groups and underserved communities represent a considerable proportion of the entire population in the United States. These groups have disproportionately high mental health gaps. Understanding barriers to treatment in these groups and mitigating them is of paramount importance in the overall effort to reduce the mental health gap. Academic psychiatrists play a major role in answering the unmet need of underserved communities through enhancing leadership and research skills of residents during residency training and helping them organize community based- interventions.</p>
<p>Heba Ekladios</p>	<p>Title: Advancing Psychiatric Training at HMH: A Focused Curriculum Development Project. Author(s): Heba Ekladios, Talitha West, Samantha Pignatelli, Dora Leib, Rehan Aziz. Introduction: Psychiatry residency training demands a complex integration of knowledge spanning multiple disciplines, including developmental psychology, neurology, and psychopharmacology. A strong foundation in these areas is crucial for accurate diagnosis, effective treatment planning, and optimal patient outcomes. However, despite this recognized importance, there exists a notable gap in exploring standardized didactic curricula within psychiatry residency programs that specifically address the intersection of these key domains. By identifying existing practices, assessing their effectiveness, and highlighting areas for improvement, this project seeks to contribute to the development of more robust and comprehensive training models for psychiatry residents at HMH. Methods: This is a survey-based study exploring the quality and relevance of didactics sessions which are designed to address key psychiatry topics including developmental psychology, neurology, and psychopharmacology, aiming to improve basic and fundamental knowledge through enhancing the level of engagement of residents during didactics. Residents from JSUMC, OUMC, and HUMC completed anonymous surveys throughout the Hackensack Meridian Health didactics. Results: A 5-question survey indicated that 77.5 % of residents were very satisfied with the overall quality of lectures and 22.5% were satisfied with the overall level of the lectures. 100% of residents responded back that the lectures were well organized. While a majority of residents (55.6%) reported being very satisfied with their engagement, a substantial portion (44.4%) indicated only fair satisfaction. This suggests a potential area for improvement. Further investigation is needed to understand the factors contributing to this lower engagement level. Discussion/Conclusion: Resident feedback on didactic quality is crucial for identifying strengths and weaknesses in the current lecture series. A thorough analysis of residents' feedback will inform future curriculum development, ultimately aiming to improve resident knowledge, clinical skills, and patient care which create an optimum environment for quality improvement in the resident didactic series.</p>
<p>Jasmine Gadhavi</p>	<p>Title: Implementation of a Case-based Ethics Curriculum for Pediatric Clerkship Students. Author(s): Stavroula Spyropoulos MD, Daniel Rauch MD, Jasmine Gadhavi MD. Introduction: The LCME requires the inclusion of bioethics in medical school curricula. The implementation of this is variable. While ethical principles may be discussed in a classroom setting, students often relate more to observed clinical scenarios. Pediatrics provides an additional layer of complexity in that patients are minors and mostly not autonomous. While students may observe pediatric bioethical situations during their clerkship, there is often not a formal opportunity to discuss their observations. We recently introduced a bioethics session into the pediatric clerkship curriculum to provide students with a venue to report and discuss observed ethical challenges within the framework of the four principles of biomedical ethics. We report a descriptive study that highlights the types of ethical cases reported by pediatric clerkship students, and their feedback of a newly implemented case-based ethics session. Methods: Pediatric clerkship students from three clinical sites anonymously submitted observed ethical cases. Over an eight block period, 145 ethical scenarios were submitted. A member of the study team categorized the cases within one of the four major ethical principles of medicine: autonomy, beneficence, non-maleficence, and justice. While more than one ethical principle often applied to the cases, a primary principle was assigned for data reporting purposes. A secondary team member verified the categorization for inter-reliability. A one-hour virtual case discussion and debrief was held each block, and feedback was gathered. Results: 95% of students reported they have been taught the four ethical principles during pre-clinical lectures. Of the 145 scenarios analyzed, the most commonly encountered ethical principle was patient autonomy, accounting for 50.5% of the cases. The principle of non-maleficence was noted in 17.3% of cases, beneficence in 16.5% of cases, and justice in 6.8% of cases. 8.9% of cases were categorized as "other" if they did not fit into an ethical principle category, and were often legal and risk management concerns. Common themes included vaccine refusal, treatment disagreement, adolescent autonomy and confidentiality, and the impact of unnecessary</p>

<p>Jasmine Gadhavi (continued)</p>	<p>diagnostic testing. Only 6% of students reported that the primary medical team discussed ethical considerations during or after the clinical situation. 88% of students felt the debrief session prepared them for their responsibilities in the clinical setting. Discussion/Conclusion: Students have a basic understanding of ethical principles but report the lack of discussion by faculty in the clinical setting. The study highlights the need for more recognition and discussion of bioethics in real-time. In addition to a debrief with the clinical team, a formal core curriculum session is valuable for in-depth discussions and can be applied to any clerkship. Next steps include faculty development to encourage real-time ethical discourse and enhance the educational experience for students.</p>
<p>Gwen Glatz</p>	<p>Title: HMSOM Procedural Doula Program. Author(s): Madeline Breda MS4, Gwen Glatz MS3. Introduction: Minor gynecologic procedures are moving to the outpatient office setting. On questioning, patients report experiencing pain and anxiety during these procedures.^{1,2} Evidence for pharmacologic interventions for pain and anxiety is conflicting, and evidence for non-pharmacologic interventions is lacking.^{2,3} Research in this area presents an opportunity for both patients and students: pre-clinical medical students have limited opportunities for patient interaction, especially during more intimate procedures such as the pelvic exam. The Hackensack Meridian School of Medicine Procedural Doula Program seeks to train medical students as volunteer doulas for office gynecologic procedures with the goal of assessing whether doula support positively affects patients' pain, anxiety, and satisfaction. Methods: After a patient consents to participation, they will fill out a demographic data survey. They will be given a pre-procedure survey when they register for the appointment, and a similar survey 10 minutes after the procedure, to assess their pain and anxiety. The surveys will include the 100-mm visual analog scale and the Beck Anxiety Inventory. Data will be de-identified and entered into RedCap. Student doulas will attend a four hour orientation and training session. Surveys will be collected from students via Redcap prior to orientation and again after six months. Surveys will include a self-reported five point Likert scale and will assess improvement in communication skills, clinical skills, and clinical knowledge. Results: We anticipate that doula support will significantly decrease patients' pain and anxiety during in-office gynecologic procedures and improve their overall satisfaction. We also anticipate that this program will improve medical students' comfort and ability with patient communication and advocacy and improve their clinical knowledge and skills. Discussion/Conclusion: This research project has the potential to offer gynecology patients another resource to manage pain and anxiety during in-office procedures. It also offers pre-clinical medical students the opportunity to interact with patients, helping form their communication skills and clinical knowledge.</p>
<p>Tanjila Haque</p>	<p>Title: Improving resident comfort level in firearm injury prevention counseling. Author(s): Tanjila Haque, DO, Alyssa Silver, MD. Introduction: Firearm-related injuries are currently the leading cause of death in 1 to 19 year- olds in the US. Firearm-related injuries/deaths are often impulsive or unintentional, meaning they can be preventable. It is therefore critical to train health care providers to conduct effective firearm injury prevention counseling with patients and families. AAP recommends that healthcare providers inquire about firearms, provide safe storage counseling, and a gun lock when firearms are present. Residents with formal training report more confidence and ability to provide firearm injury prevention counseling. Methods: A firearm injury prevention interactive workshop was delivered to residents and medical students. The workshop was led by a resident and a faculty member. The session included addressing knowledge gaps related to firearm safety counseling, improving skill and comfort in having conversations about firearm safety with patients and parents, providing a framework to incorporate evidence-based gun violence prevention strategies into clinical care, and practicing different case scenarios in break out sessions. Content was integrated during resident didactic time. Impact was measured by comparing a pre-test and post-test assessment. Results: 60% reported they were not comfortable at all discussing safety features of firearms pre-intervention compared to 50% reporting they were very comfortable post- intervention. 40% were somewhat comfortable discussing safe firearm storage with patients and their caregivers pre-intervention compared to 14% very comfortable and 43% quite comfortable post-intervention. 50% were not familiar at all with AAP recommendations for safe firearm storage compared to 36% very familiar and 36% quite a bit familiar post-intervention. 20% were not comfortable at all discussing safe storage with parents and 40% were somewhat comfortable, compared to 35% moderately comfortable and 43% quite comfortable post- intervention. 78% reported the curriculum was very effective in achieving the stated educational objectives. 78% reported the curriculum was very enjoyable. 85% reported they were very likely to make a change in practice after receiving this</p>



<p>Tanjila Haque (continued)</p>	<p>curriculum. Discussion/Conclusion: A firearm injury prevention workshop resulted in an improvement in knowledge and comfort level in having conversations about firearm safety with patients and parents. These results demonstrate the beneficial outcomes of a firearm safety workshop. 78% reported the curriculum was very enjoyable. 85% reported they were very likely to make a change in practice after receiving this curriculum. Discussion/Conclusion: A firearm injury prevention workshop resulted in an improvement in knowledge and comfort level in having conversations about firearm safety with patients and parents. These results demonstrate the beneficial outcomes of a firearm safety workshop.</p>
<p>Kyle Harvey</p>	<p>Title: Analyzing the Initial Impacts of the Single Accreditation System Merger on Allopathic and Osteopathic Graduate Representation in Urology Residency Programs. Author(s): Kyle Harvey, Forrest Bohler. Introduction: In 2020, the US graduate medical education accreditation systems merged into a unified match for both allopathic (MD) and osteopathic (DO) medical graduates. This has led to much speculation on the initial effects of MD and DO representation among urology residency programs. This was a controversial decision since osteopathic residency positions that were once exclusively available to DOs could now consider MD applicants, and there were concerns that DO representation in urology residency programs would decline. Since urology residency programs utilize the San Francisco Match which does not release match results through the National Residency Matching Program Annual Report, little is known due to a lack of readily available data. This study addresses this gap in knowledge by comparing resident degree types in residency classes before and after the single accreditation system merger. Additionally, the degree held by respective residency program directors (PD) was collected in order to analyze potential PD bias in the selection of residents based on the degree held by applicants. Methods: Graduate degrees from 325 PGY-4s (pre-merge), 337 PGY-2s (post-merge), and PDs were collected for 132 US urology residencies from program websites. Programs that did not have pertinent resident data publicly available online and programs associated with the Armed Services were excluded from this study (16 programs). Programs were then divided into 1 of 4 categories: Allopathic with MD Leadership, Allopathic with DO Leadership, Osteopathic with MD Leadership, and Osteopathic with DO Leadership. Among these 4 groups, residents were compared between the two different classes to assess the impact of MD and DO representation pre- and post-merge. Results: The majority of programs were allopathic with MD leadership (120/132). Within this group, DO representation more than doubled in the post-merge class compared to the pre-merge class. Although an increase in DOs was observed, MD graduates were still predominantly favored in both classes making up over 95% of all residents in this category. Only 2 allopathic programs had DO leadership, but neither of these programs accepted a DO graduate in either class. Osteopathic programs with MD leadership (4 programs) and DO leadership (6 programs) showed the greatest level of degree diversity among their post-merge classes consisting of approximately 25% MD graduates and 75% DO graduates for each group. There were no notable discrepancies found among the groups when comparing PD degrees on the selection of residents. Discussion/Conclusion: The increase in DO representation among MD-led allopathic programs is an encouraging finding for DO students pursuing urology residencies and suggests future increases in DO representation may be seen. Additionally, PD bias does not appear to influence the selection of residents, but program type seems to be an important factor in resident selection.</p>
<p>Tamar Itzkowitz</p>	<p>Title: Pain Medicine Elective. Author(s): Tamar Itzkowitz MS4 Jose Contreras MD . Introduction: Pain is among the most common reasons patients seek medical care, yet many medical school curricula lack structured training in its assessment and treatment. At Hackensack Meridian School of Medicine (HMSOM), no electives previously existed that focused on pain medicine. Recognizing this curricular gap, a two-week elective was developed to introduce medical students to foundational principles of pain management through a multidisciplinary lens. Methods: The elective was developed using Kern’s Six-Step Approach to curriculum design. A general needs assessment identified a widespread deficiency in pain education, and a targeted survey of ten fourth-year medical students—five applying to anesthesiology and five to other specialties—confirmed minimal exposure and strong interest in formal pain medicine education. Educational strategies were grounded in constructivist and humanistic theories, emphasizing guided autonomy, individualized learning objectives, and project-based learning. Students will select focus areas such as cancer pain or interventional pain to develop final presentations. Results: The elective includes two main components: (1) didactic learning through self-directed study, visual resources, and foundational content; and (2) clinical experiences with pain medicine specialists, where students participate in</p>

<p>Tamar Itzkowitz (continued)</p>	<p>patient care, treatment planning, and multidisciplinary discussions. A final student presentation reinforces knowledge synthesis and communication skills. Key deliverables included a comprehensive syllabus, welcome letter, and institutional elective proposal form. Discussion/Conclusion: This elective addresses a critical gap in medical school education by offering clinically relevant and learner-centered training in pain management. Its design supports self-directed and specialty-relevant exploration of pain-related topics, making it adaptable to diverse student interests. Moving forward, collaboration with the Phase 3 curriculum team and incorporation of student feedback will ensure continuous improvement and integration into the formal elective catalogue.</p>
<p>Maciej Kabat</p>	<p>Title: Assessing the Impact of Simulation Training on Clinical Competence and Teamwork Among Medical Trainees. Author(s): Maciej Kabat, MD [2]; Noreen Ahmed, MD [2]; Keith M. Rose, MD [1]; Keith Brenner, MD [1]; Marygrace Zetkulich, MD [2]; Taaran Cariappa Ballachanda Subbaiah, MD [1]; Asna Mohammed, MD [2]; Lesley Philip, MD [1]; Qusai Alitter, MD [1]; Vishad Sheth, MD [1] [1] Department of Pulmonary & Critical Care Medicine, Hackensack University Medical Center [2] Department of Internal Medicine, Hackensack University Medical Center. Introduction: Critical care encounters, including managing respiratory distress, leading resuscitations, or coordinating rapid responses, can be challenging for Internal Medicine residents to manage. They require not only medical competency but also quick decision-making, clear communication, and effective teamwork. Without adequate preparation, residents may struggle to perform confidently in real-world settings. Simulation-based training offers a controlled environment where residents can develop, practice, and refine their skills without the fear of harming patients. Through repeated exposure to these high-fidelity simulations, residents can become more comfortable with life-saving procedures and collaborative care. Methods: We propose a prospective study at Hackensack University Medical Center involving internal medicine residents, from PGY-1 to PGY-3, participating in routine simulation-based training. Pre- and post-simulation surveys with validated Likert-scale questions will assess changes in trainee confidence and preparedness. The simulation is designed to assess and improve key competencies such as emergency response, teamwork, communication, and technical skills through pre- and post-simulation surveys. The surveys measure residents' confidence, knowledge, and comfort in handling critical situations before and after the simulation. By gathering both quantitative data and open-ended feedback, this project aims to optimize resident training, ensuring it aligns with real-world clinical demands while fostering a culture of continuous improvement and interprofessional collaboration. Data will be analyzed using paired sample T-tests to compare pre- and post-intervention scores. The pre-survey will be collected once at the start of the simulation curriculum to assess the resident's comfort level on managing several critical care competencies. After each case, a post-survey will be completed where residents will rate themselves on specific competencies that were relevant to the case. Data will be used to measure the resident's individual progress in confidence over core competencies as well as the cohort as a whole. Results: A total of 42 residents participated in the study (PGY-1: 16, PGY-2: 14, PGY-3: 12). While final results are not yet finalized, preliminary observations from initial simulation sessions suggest a correlative trend toward improved self-reported confidence and clinical performance. Ongoing data collection and analysis are anticipated to confirm statistically significant improvement in resident ability to manage critical care scenarios. Discussion/Conclusion: The proposed simulation-based training approach shows promise in bridging the gap between classroom theory and real-world clinical application. The study will hopefully provide robust evidence supporting the integration of high-fidelity simulations into housestaff curricula to enhance preparedness and ultimately improve patient outcomes.</p>
<p>William Kohman</p>	<p>Title: Firearm Safety Education in Undergraduate and Graduate Medical Training: Assessing Gaps and Opportunities for Integration. Author(s): William Kohman, Mentor: Dr. Carmela Rocchetti. Introduction: Firearm-related injuries have become a significant public health crisis, now recognized as the leading cause of death among children and adolescents. Despite recommendations from medical organizations, firearm safety education remains inconsistently integrated into medical training. The lack of standardized firearm safety education leaves many physicians unprepared to address firearm-related risks with their patients, limiting their ability to contribute effectively to injury prevention efforts. This study examines the current state of firearm safety education in medical schools and residency programs, highlights key challenges to implementation, and evaluates existing research on effective educational interventions. Methods: A comprehensive literature review was conducted using databases such as PubMed, MEDLINE, and Google Scholar. The search terms included "firearm safety education in medical schools," "firearm injury prevention training in</p>



<p>William Kohman (continued)</p>	<p>residency,” “physician counseling on firearm safety,” and “firearm harm reduction strategies.” A total of 223 sources were initially identified, with 12 duplicates removed. After screening abstracts and full texts for relevance, 60 articles were assessed for eligibility, and 50 were included in the final review. Studies were selected based on their relevance to firearm safety education, empirical data on firearm injury prevention, and applicability to medical and residency programs. Results: The review found that firearm safety education remains insufficiently integrated into medical curricula. Surveys indicate that while medical students and residents acknowledge the importance of firearm injury prevention, a significant gap exists between perceived importance and actual training. Only 12% of final-year medical students reported feeling adequately trained in firearm safety counseling. Pediatric and emergency medicine residency programs are more likely to incorporate firearm injury prevention training than other specialties. However, key barriers include lack of faculty expertise, limited curricular time, and concerns about the politicization of firearm safety discussions. Some programs have successfully implemented interactive case-based training, standardized patient simulations, and online modules to improve physician competency in firearm risk assessment and counseling. Discussion/Conclusion: The findings highlight a critical need for standardized firearm safety education in medical and residency training programs. Several strategies can be employed to address existing gaps, including developing national curriculum guidelines, integrating firearm safety screening into electronic health records, expanding faculty development initiatives, and increasing access to continuing medical education on firearm injury prevention. Addressing firearm safety education in medical training can empower healthcare providers to engage in meaningful counseling on firearm risk reduction, thereby contributing to broader injury prevention efforts. Future research should focus on evaluating the long-term impact of firearm safety training programs on clinical practice and patient outcomes.</p>
<p>Chelsea Li</p>	<p>Title: Pain Management and SUD Care in Medical School Curriculum – Key Points and Takeaway Message from AAMC Survey Report. Author(s): Chelsea Li, Charitha Madiraju. Introduction: Pain management has received increased emphasis in US medical education over the past decade. Multiple interactive learning methods have emerged to address learner’s knowledge gaps and facilitate empathetic patient-centered care. However, many medical schools struggle to integrate robust pain management topics into their already dense curriculum, often resulting in students feeling a lack of sufficient training in multimodal pain treatment, safe opioid prescribing, and non-pharmacologic interventions for mitigation of pain. The American Association of Medical Colleges (AAMC) conducted a nation-wide survey to examine integration and reiteration of pain management and substance use disorder (SUD) topics in the medical education curriculum. The objective of this literature review is to present the key themes and takeaway points that emerged from the survey results. Methods: The AAMC conducted a national telephone survey of curriculum deans (or their designees) from LCME-accredited institutions in Y2017 (N=147, 21 survey questions). Statistical analysis was performed on the data derived from survey items to examine whether and how pain management and substance use disorder (SUD) topics are integrated and reinforced throughout the medical education curriculum. Results: The percentage of responders who completed the full survey was 69% (N=102). A few key themes emerged from the survey results which included the following: 1) Broad Integration of Pain and SUD Competencies. The survey referenced 31 competencies in four pain-related domains and most schools reported (100% respondents) that these competencies were addressed to some extent in their required curricula. 2) Emphasis on Teaching, Less on Assessment. While 87% of the respondent schools teach all four domains, assessment of each competency remains low, indicating that teaching methods may not rigorously evaluate student’s skills or knowledge. Didactic lectures remain common, though hands-on or performance-based strategies are used less frequently than lectures or multiple-choice tests. 3) Challenges in Implementation. Ninety-seven percent of respondents (N=98) cited insufficient faculty expertise and difficulty integrating pain and SUD content into an already crowded curricula. Many schools do not have standardized methods to assess student competency in pain management and SUD care. 4) Strategies and Lessons Learned. Schools often reuse existing modules or teaching materials based on survey results from 90% of respondents. Collaboration with other interprofessional health care disciplines benefits students by offering a more holistic view of pain and SUD management. Programs increasingly introduce pain and SUD content early and reinforce it across all four years. Simulation, case-based learning, and team-based approaches help students apply theoretical knowledge in realistic scenarios. Ongoing training in residency is crucial for maintaining consistency in instruction of pain management and SUD topics. Discussion/Conclusion:</p>

<p>Chelsea Li (continued)</p>	<p>Medical schools are making progress in addressing the opioid crisis through curriculum updates, emphasizing both pain management and SUD content. However, schools face challenges in time allocation, ensuring faculty readiness, and creating robust assessment tools. Enhanced collaboration between institutions, across all stages of medical training, and with interprofessional partners could accelerate the refinement of these curricular approaches to better prepare students for practicing effective pain management and SUD care.</p>
<p>Rachel Lozada</p>	<p>Title: Study Strategies to Optimize USMLE Step 1 Performance: A Literature Review. Author(s): Rachel B. Lozada. Introduction: The United States Medical Licensing Examination (USMLE) Step 1 is a critical milestone for medical students, yet many struggle to identify effective study strategies for optimal performance. Since students often have an inaccurate understanding of the learning process, they develop an overreliance on inefficient methods and improperly attribute difficulty as a sign of poor learning. To mitigate these inefficiencies, evidence-based learning strategies such as retrieval practice, spaced practice, interleaving, elaboration, dual coding, and concrete examples can enhance learning and improve long-term retention. The goal of this literature review is to explore the role of these strategies in optimizing study outcomes for Step 1 preparation. Methods: A literature review was performed using databases such as PubMed and Google Scholar. Literature research was conducted using search terms such as “USMLE Step 1”, “Step 1 performance”, “study strategies”, “medical students”, “retrieval practice”, “spaced practice” or “distributed practice”, “interleaving”, “elaboration”, “concept-mapping”, and “Anki”. Articles were screened based on relevance to medical students and the aforementioned study strategies, with the use of only full-text publications from 2015-present. Results: Common factors associated with Step 1 performance include practice questions, practice exam completion, flashcard use, previous academic performance, and total study duration. Practice question completion requires a high volume of questions for a small gain on Step 1 performance. Similarly, practice exams alone did not yield large improvements on Step performance unless accompanied by deliberate error analysis. Flash cards are most beneficial when self-made, although Anki requires a large volume of unique cards to impact Step 1 score. Additionally, meeting with a Medical Education Learning Specialist (MELS) was identified as a key contributor to improving performance. Finally, previous academic performance remains one of the most consistent predictors of Step 1 outcomes. Regardless of prior performance, long-term retention of medical knowledge tends to decline over time, highlighting the importance of consistent review and reinforcement. Discussion/Conclusion: The findings of this literature review emphasize the importance of utilizing evidence-based cognitive learning strategies during USMLE Step 1 preparation. Strategies such as retrieval practice, spaced practice, interleaving, elaboration, dual coding, and concrete examples have demonstrated strong associations with memory retention and academic performance. However, many students over-rely on inefficient methods like rereading, which are less effective for meaningful learning. Tools such as Anki and practice questions can be helpful, although they are most effective when combined with other strategies like error analysis and active recall. Early academic counseling should encourage the adoption of active learning strategies and challenge common misconceptions about learning styles. Preclinical academic performance has been shown to predict Step 1 success, further supporting the need for early integration of these strategies in medical education. In conclusion, embedding evidence-based strategies into preclinical curricula can enhance long-term retention and improve performance on high-stakes exams like the USMLE Step 1.</p>
<p>Joseph Martinelli</p>	<p>Title: Evaluating the Effectiveness of the RATTLED Program in Developing Resident Teaching and Evaluation Skills. Author(s): Joseph Martinelli, MHA; Michael Giuliano, MD; Meta Wongkar-Gut, MD. Introduction: To assess whether the Resident as Team Teacher, Learner, Educator, and Diagnostician (RATTLED) program effectively changes residents' perception in their ability to teach by presenting them with the foundational knowledge and skills necessary for effective teaching and evaluation of medical students. Resident physicians are essential to the development of undergraduate medical education (UGME) students in the clinical environment, both as educators and evaluators. The Resident as Team Teacher, Learner, Educator, and Diagnostician (RATTLED) program develops these skills through a virtual curriculum delivered to interns network-wide during their first three months of residency. Following an introductory session during Intern Orientation, a three part series focuses on self-directed learning, clinical teaching, feedback and evaluation, and diagnostic reasoning. These sessions allow the residents to develop knowledge and understanding of the Entrustable Professional Activities and the use of the Comprehensive Evaluation Tool, Forward-with-Feedback Model, and the One Minute Learner Model to enhance resident knowledge and application of these key skills.</p>

<p>Joseph Martinelli (continued)</p>	<p>Methods: Pre and post-program surveys using a 5-point likert scale were completed by Interns at the beginning and completion of the RATTLED program. Interns were administered the surveys for both 2023 and 2024 cycles of the RATTLED program. Data was collected via REDCap, with 352 pre surveys and 253 post surveys completed. A two-sample t-test, assuming unequal variance, was used to analyze responses to individual survey questions. Results: The RATTLED program demonstrated significant improvements in resident confidence across multiple domains. In post-program assessments, residents reported substantially greater confidence in their teaching ability (7.24% increase, $p < .001$), engaging students in active learning (9.13% increase, $p < .001$), learner evaluation (11.20% increase, $p < .001$), and providing feedback (5.60% increase, $p < .001$). Marked improvements were also observed in residents' self-reported ability to utilize the One Minute Learner Model (29.28% increase, $p < .001$) and to understand the application of core competencies and Entrustable Professional Activities (EPAs) in learner assessment (39.13% increase, $p < .001$). Furthermore, residents reported significant gains in their awareness of diagnostic errors (24.26% increase, $p < .001$) and ability to mitigate diagnostic errors (13.35% increase, $p < .001$). Discussion/Conclusion: The RATTLED program effectively develops resident physicians foundational skills in medical student education within the clinical setting. This curriculum enhances resident confidence in their teaching abilities, provides practical educational models, and introduces the Hackensack Meridian School of Medicine's curriculum and evaluation framework. The RATTLED Program introduces foundational skills and serves as a prerequisite for more specialized workshops based on these models. This program is followed with specialty specific workshops in RATTLED Part 2.</p>
<p>Avni Patel</p>	<p>Title: Thriving Together: Longitudinal Group Coaching for Obstetrics and Gynecology Residents. Author(s): Sara Bittman, Sarah Baker, Avni Patel, Sharon Galperin, Charlotte Slavick. Introduction: Obstetrics and Gynecology residency is a demanding period with high burnout rates, leading to stress, fatigue, and poor physician well-being, which ultimately affects patient care. Despite this, residents often struggle to seek help or address their wellbeing. Studies suggest that strong leadership and supportive work environments improve physician wellness, and coaching has been shown to enhance resilience and job satisfaction. Few U.S. residency programs incorporate coaching, and there is limited research on its impact in Ob/Gyn training. This study aims to highlight the lack of group coaching programs and the barriers to their implementation. It will identify key coaching topics for each year of residency, focusing on burnout, professional growth, and job satisfaction. These insights will inform the development of a structured four-year group coaching curriculum that can be adopted across institutions to improve resident well-being and experiences. Methods: A REDCap survey was distributed to Ob/Gyn residency Program Directors (PD's) to assess whether their programs already have a coaching program and what they feel are the most important topics of focus for each year of postgraduate training. Participants were recruited via an email from the P.I. to all Ob/Gyn residency PD's on the Council on Residency Education in Obstetrics and Gynecology Program Director listerv. Topics pertained to wellness, professional identity formation, and career growth at each level of training. Results: Of the participants who completed the survey, 29 (80.6%) were PD's and 7 (19.4%) were Assistant PD's. 13 (36.1%) reported they had 1:1 coaching for residents at their programs and 63.9% did not have 1:1 coaching for residents. Even fewer programs had Group Coaching (16.7%) and 83.3% reported they do not have Group Coaching at their programs. The PD's and Assistant PD's also ranked what they believe to be the top 3 most important topics for coaching for PGY1-PGY4 residents. For PGY-1, the top 3 were Time Management (69.4%), Processing Feedback (44.4%), and Building your support network (36.1%). For PGY-2 residents, the top 3 were Dealing with Difficult Cases/Outcomes (58.3%), Goal Setting (38.9%), and Processing Feedback (33.3%). For PGY-3 residents, the 3 were Dealing with Difficult Cases/Outcomes (50.0%), Fellowship Preparedness (38.9%), and Burnout-Awareness and Prevention (36.1%). PGY-4 topics were Searching for Jobs (63.9%), Dealing with Difficult Cases/Outcomes (33.3%), and Financial Health (33.3%). Discussion/Conclusion: This study highlights the lack of structured coaching in Ob/Gyn residency programs, with only 16.7% offering group coaching. Program directors identified key coaching topics, including time management, processing feedback, and handling difficult cases. A structured four-year coaching curriculum could enhance resident well-being, professional growth, and job satisfaction while reducing burnout. However, barriers such as institutional support and feasibility must be addressed. Implementing coaching programs may improve training experiences and patient care. Future research should explore the long-term impact of structured coaching on resident well-being and its role in shaping a supportive and sustainable medical training environment.</p>

<p>Ruchi Raval</p>	<p>Title: Structuring For Success? A Systematic Review Of Structured and Unstructured Peer Learning in Medical School. Author(s): Ruchi Raval, Neil Chopra, Bradley Allen, Sreya Mallipeddi, Benyamin Anton, Sukthi Gunda, Minha Kim, Tyler Vidal, Margaret Dreker, MPA, MLS. Introduction: Peer learning (PL) has emerged as a valuable pedagogical approach in undergraduate medical education (UME), fostering collaboration and knowledge exchange between students of the same cohort [1]. Structured and unstructured PL represent two approaches, with structured PL following a formal, discussion-based format under guided supervision and with clear learning objectives, and unstructured PL occurring informally through spontaneous peer interactions, study groups and unsupervised learning sessions [2]. Preliminary research indicates that more informal, unstructured peer learning models may not only have a beneficial effect on learning, but also on psychological wellbeing of medical students [2]. The current literature reports on the benefits of structured PL in UME, but does not report on the differences between structured and unstructured PL modalities specifically in relation to both academic performance and student perception, including self-efficacy and burnout. This study therefore aims to understand whether: structured PL or unstructured PL in undergraduate medical education (MD,DO,IMG) leads to greater improvements in exam performance outcomes and/or student perceptions?. Methods: We conducted a literature search using PRISMA guidelines (Figure 1). Students consulted an experienced medical librarian for development of an appropriate search term (Table 1). Articles were included based on: English language, UME participants (MD/DO or IMG equivalent), publication after Jan 1, 2010 and PL implementation (structured or unstructured). The initial database and gray literature search yielded 3,301 records for title-abstract review. Following title-abstract and full article screening (inclusion/exclusion criteria in Table 2), 24 records were identified (Table 3). All conflicts were resolved by discussion and majority consensus. The data from these articles were extracted for further analysis. Results: The studies analyzed a total of 4,670 medical students in 16 countries. Out of the 24 studies, 10 described unstructured PL, 10 described structured PL, and 4 described both. Group size, content taught, and the specific PL intervention varied between studies. Written exam results (NBME, in-class exams) were reported in 12 studies. Both structured (50%) and unstructured (57%) PL models reported a significant improvement in performance compared to controls. Compared to each other, structured versus unstructured PL did not yield significant differences in exam performance ($p = 0.8181$). Practical exam results (OSCE, OSPE) were reported in 4 studies that all described unstructured PL models. All but 1 reported improvements in performance. Student perception of PL experiences was widely reported (16/24 studies) and largely positive across both structured and unstructured PL models. Students reported increased self-efficacy and reduced burnout. While 11.1% of structured PL studies had negative perception scores, none of the unstructured PL studies had negative perception scores. Discussion/Conclusion: Our study found no significant exam performance differences between structured and unstructured models of PL. These results suggest that formally incorporating unstructured PL into UME can provide the same benefits as structured PL, while allowing students the opportunity to improve self-confidence and form supportive peer networks. Limitations include significant heterogeneity in study design/intervention implementation and self-selection bias of participating students. A well-designed RCT is warranted to compare the efficacy of both PL modalities.</p>
<p>Tyler Schoch</p>	<p>Title: To Resuscitate or Not Resuscitate? The Effect of an Interactive Didactic Session on Internal Medicine Residents' Confidence, Comfort, and Proficiency in Leading Code Status Discussions. Author(s): Tyler J. Schoch, MD; Neha Paralkar, MD; Marygrace Zetkolic, MD. Introduction: A key component of every inpatient hospital admission includes determining the patient's code status. The code status reflects the patient's wishes for their medical care in the event of cardiac arrest. PGY-1 residents are often the first members of the medical team to discuss this topic with patients and there is often minimal training for these discussions during medical school. Due to this gap in training, code status discussions may feel overwhelming for PGY-1 residents. Formal education on this complex topic and opportunity to practice these discussions in a small group setting can facilitate increased comfort, confidence, and competency with code status discussions. Methods: During didactic time for PGY-1 residents, senior residents will lead sessions to teach first-year residents how to approach discussing code status. After an interactive lecture on basic and guiding principles, PGY-1 residents will have the opportunity to roleplay these discussions with each other. Pre and post session surveys will quantify the impact of this program. The pre-session survey will assess the trainees' level of education on this</p>

<p>Tyler Schoch (continued)</p>	<p>topic during medical school, as this may account for differing levels of comfort among the resident cohort. The post-session survey will allow for narrative, qualitative feedback. We hope that by increasing residents' training in this area, we provide patients with informed counseling that allows their code status to align with their goals of care. Results: Our program's PGY-1 class (n=16) will participate. The programming remains in development. Pre-session survey data was collected from this year's cohort of first-year residents (respondents = 11) as a baseline. The data collected so far suggests that there is a significant portion of respondents who do not feel confident discussing code status with patients, and that the vast majority of residents had no hands-on training with code status discussions. Although our programming has not yet been implemented, our initial data supports our hypothesis that there is a gap in training and especially firsthand experience surrounding code status discussions. Discussion/Conclusion: The proposed training program early in the PGY-1 year will teach first-year residents underlying principles of and general approach to code status discussions. It will also provide dedicated time to practice discussions of patients' code status. The pre-session survey data shows mixed levels of comfort with these discussions however does identify limited pre-residency training in conducting code status discussions, particularly with limited hands-on training. The aim of this project is to close that gap in training. The post-session survey data will hopefully show a marked improvement in PGY-1 residents' confidence, comfort, and competency in independently counseling patients on code status. Ultimately, our aim is to help ensure that patients have the most appropriate code status placed during their hospital stays and avoid unnecessary or unwanted resuscitations.</p>
<p>Maya Sorini</p>	<p>Title: Narrative Medicine's Parallel Charting for Medical Student Empathy: A Systematic Review. Author(s): Sorini MJ; Dreker MP; Metzger K, Koltz E. Introduction: Narrative medicine shows promise at improving empathy in medical trainees and practitioners, which in turn improves patient outcomes. The narrative medicine (NM) practice of writing parallel charts (PC), where practitioners record their reactions and feelings after patient interactions separately from the medical record, appears to foster professional identity formation, but none have studied the effect this exercise has on student empathy. To understand how NM interventions are evaluated for effects on empathy, a systematic literature review was conducted. Methods: Three databases (Scopus, PubMed, and PsycInfo) and Grey Literature, were systematically queried using a keyword search and MESH terms including, "empathy," "narrative medicine," and "parallel charting." Papers were screened using their titles and abstracts for inclusion criteria, namely measuring empathy in clinicians (for the sub-analysis), and using a narrative medicine based intervention (for the review). Results: In total, 113 articles were reviewed by the study team, 31 of which measured empathy in clinicians for inclusion in the sub-analysis. Of those 31, 14 met inclusion criteria for the review by measuring empathy in clinicians undergoing narrative medicine interventions. The sub-analysis demonstrated that no groups used mixed methods to evaluate empathy, with 54.8% of studies using a single quantitative empathy measurement and 29% of studies using a single quantitative modality to measure empathy. The most used method for quantitatively evaluating empathy after an NM intervention was the Jefferson Scale of Empathy. Of the studies included in the review, only one measured the effect of NM PC on undergraduate medical students, using only qualitative methods. Discussion/Conclusion: Though several groups have studied NM interventions, none have used quantitative measures to assess the efficacy of PC on medical student empathy. There are several significant gaps in the literature regarding the efficacy of NM and PC on empathy, and further studies employing quantitative and qualitative methods are warranted.</p>

<p>Maya Sorini</p>	<p>Title: Narrative Medicine Workshops for Patients with Chronic Neurological Disease. Author(s): Sorini MS, Xiong K, Nikelshpur O, Kera E, Thomas FP, Pandey K. Introduction: Despite advances in disease modifying therapy, multiple sclerosis (MS) and Parkinson’s disease (PD) continue to be chronic, debilitating, and progressive neurological diseases that are frequently associated with negative psychological effects for patients. Research into how psychosocial factors affect symptom burden in MS and PD is robust, showing that coping strategies and self-perception of disease are significant predictors of patient perceived health. There is evidence that narrative medicine (NM) techniques can improve patients’ quality of life and help them cope with the effects of chronic illness, but none have studied whether narrative medicine workshops can bring similar relief to patients with MS or PD. Our prospective, interventional study aims to assess the feasibility and impact of narrative medicine on self-reported perception of health status, coping, and sense of control in patients with multiple sclerosis or Parkinson’s disease. Methods: Patients with MS or PD were recruited to take part in a six-week course of narrative medicine workshops offered via zoom stratified by disease. Patients met six times over six weeks to take part in structured workshops administered by a narrative medicine expert and a licensed clinical social worker. During the workshops, patients were presented with a painting, asked to discuss their observations, then given a reflective writing prompt related to the painting discussed. Patients were given the option of sharing their written work with the group. Surveys assessing patient symptom burden, self efficacy, coping, and sense of control were administered before and after the six week series, and were analyzed using the student’s T-test for changes over that period. Patients were also given a satisfaction survey related to the sessions. Results: Pending completion of the study, which finished enrolling January 24, 2025. NM workshops take place between February 3, 2025 and March 14, with data analysis period ending in mid-April. Thirteen PD and fourteen MS patients were enrolled in the study. Discussion/Conclusion: We hope to comment on the feasibility of this workshop series for patients, its methods, patient satisfaction, impacts to patient coping, self efficacy, and disease burden. Our hope is that we are able to reproduce and strengthen the existing evidence that narrative medicine workshops are an effective adjunctive therapeutic practice for patients with chronic illness. We will also compare and contrast the efficacy and feasibility of these workshops for patients with MS versus PD.</p>
<p>Aishwarya Sridhar</p>	<p>Title: Artificial Intelligence in Clinical Skills Education of Medical Students: A Scoping Review. Author(s): Aishwarya Sridhar. Introduction: Artificial intelligence (AI) integration into medical education has been increasingly explored in recent years. AI-based tools such as virtual patient simulations, large language models (LLMs), and machine learning algorithms provide opportunities to personalize learning, deliver real-time feedback, and simplify objective assessments. Clinical skills education is an essential component of medical education. The potential for enhancement of clinical skills education within undergraduate medical training specifically is a niche, underexplored area. This scoping review aims to systematically map the extent, range, and nature of AI applications in clinical skills education for undergraduate medical students, identify research gaps, and propose directions for future research. Methods: This review followed the PRISMA-ScR framework. A needs assessment conducted through interviews with medical students and clinical skills faculty informed the research focus. Databases searched included PubMed, Scopus, ERIC, MedRxiv, MedEd Portal, and Google. Studies from 2014-2025 were included. Inclusion criteria focused on studies involving AI in undergraduate medical education related to clinical skills. Articles unrelated to clinical skills, undergraduate medical education, or technologies outside the scope of AI were excluded. Results: Of 171 initial search results, 24 studies met the inclusion criteria. These studies were of diverse methodologies, including randomized controlled trials, qualitative studies, study protocols, and internet articles. AI interventions examined in these studies included social robotic platforms, LLMs, and virtual patient simulations. Key findings revealed that AI improved students’ clinical reasoning and diagnostic accuracy. AI-driven simulation tools enhanced student history-taking, medical interviewing, and clinical examination scores. Hybrid models combining AI with human supervision were particularly effective, offering more realistic implementations with currently available AI technology. Multiple medical institutions are already applying AI for clinical skills education, particularly for grading student notes and analyzing student history taking. Discussion/Conclusion: AI tools have significant potential to complement traditional clinical educational methods by offering adaptive, safe learning opportunities. However, challenges, such as language and cultural barriers, limited physical examination capabilities, and technical issues, constrain AI’s current usability. The absence of nonverbal communication training further underscores the need for hybrid models that</p>

<p>Aishwarya Sridhar (continued)</p>	<p>integrate AI with hands-on instruction. Future research should focus on longitudinal studies to evaluate AI's long-term impact, develop culturally competent and multilingual AI tools, and expand into graduate medical education and telemedicine applications. AI holds transformative potential in clinical skills education, addressing the limitations of traditional teaching models while advancing innovation. However, current technologies serve best as complements rather than replacements for human instruction. Addressing technical, cultural, and practical challenges will ensure AI's broader application and efficacy in training the next generation of medical professionals.</p>
<p>Colleen Stotts</p>	<p>Title: Learning and Teaching Adolescent Substance Use and Addiction: One Week Curriculum. Author(s): Colleen Stotts, Ruth Akindele, Andy Santos Reyes, Susan G Mautone. Introduction: The majority of US adolescent substance use starts between ages 15 -17. The developing adolescent brain does not reach maturity until age 25, and is particularly susceptible to addiction. To effectively educate and counsel their patients, pediatricians need to be knowledgeable about substances of abuse, the neurobiology and epidemiology of adolescent addiction, non-opioid pain management, and local treatment and support services. The objective is to provide an educational experience for pediatric residents to acquire the knowledge, skills and attitudes needed to effectively address adolescent substance use and addiction. Methods: All PL-3 residents participate in a required one-week active learning curriculum on adolescent addiction. It includes assigned reading, webinars, website review, attendance at a virtual teen Narcotics Anonymous (NA) meeting, presentation of interactive sessions at the local high school, and submission of a narrative reflection on what was learned. Submitted reflections were reviewed to identify the major themes addressed. Residents evaluate the experience at the end of the block rotation. Results: 19 residents evaluated the rotation, with a mean rating of 4.7 on a 1-5 Likert scale. 20 residents submitted reflections . 70% reported increased awareness of addiction, including the opioid epidemic (45%) and effects on the developing brain (25%). 45% identified the importance of knowing risk and protective factors, and available addiction services in the community (85%). Increased knowledge of screening tools (50%), multifactorial influences on substance use disclosure (45%), the importance of holistic, family-centered care (25%), evaluation for comorbidities (15%), and public access to naloxone (10%) were reported. Cited highlights included realizing the need for empathetic care for those struggling with addiction (30%), participating in a virtual NA meeting (25%), and teaching high school students about addiction (20%). Concerns regarding the legalization of marijuana were raised by 25% of residents. Overall, they felt better prepared to screen for and prevent adolescent addiction (65%) and advocate effectively (10%). Discussion/Conclusion: This one week curriculum was well received by residents, and contributed to self-reported increased knowledge, stigma reduction, and enhanced comfort talking with teens about substance use and addiction. To our knowledge, this is the first report of an active learning, experiential curriculum to develop pediatrics residents' competence in addressing this important problem, and could be readily adapted by other residency programs.</p>
<p>Chadane Thompson</p>	<p>Title: Bridging the Gap in Graduate Medical Education: A Review of Palliative Care Integration into Hematology/Oncology Fellowship in the United States. Author(s): Chadane Thompson, MD; Areeba Nayyer, MD; Stephanie Rosales, MD; Maxwell Janosky, MD. Introduction: Palliative care (PC) enhances quality of life for patients with serious illnesses by addressing physical symptoms and psychosocial, emotional, and spiritual distress. Standardizing PC training is essential for patient-centered and goal-concordant oncologic care, and the ACGME emphasizes competency in PC concepts for hematology/oncology fellows. However, PC integration remains inconsistent, with reliance on ad hoc teaching models and variable proficiency in primary PC. This review examines the state of PC education in hematology/oncology fellowships, identifying contemporary trends, challenges, and opportunities for improvement. Methods: A comprehensive literature review was conducted using PubMed to identify U.S.-based studies (2015–2025) on PC training in adult hematology/oncology fellowships. We incorporated MeSH terms and keywords, such as "palliative care," "symptom management," "hospice," "end-of-life care," "education," "curriculum," "oncology," and "fellow*." Boolean operators refined the search. English-language observational studies evaluating PC curricula, trainee competencies, barriers to implementation, or educational outcomes were included. Articles were screened by title/abstract, followed by full-text review. Studies focused on medical school, residency, surgical or radiation oncology, pediatrics, and international programs were excluded. Relevant data were extracted, analyzed, and synthesized. Results: Seven peer-reviewed studies met inclusion criteria. Over time, PC rotations have increased in fellowship programs from 26% (2004) to 44.9% (2015), alongside improved teaching exposures to pain management and prognostic communication. Additionally, a mandatory 4-week PC rotation</p>

<p>Chadane Thompson (continued)</p>	<p>significantly improved competencies in opioid management, advance care planning (ACP), and end-of-life care, with 95% of fellows supporting its requirement. Institutional factors also played a role in PC integration, as National Cancer Institute (NCI)-designated centers were increasingly more likely to mandate PC training for fellows (29% in 2009 vs. 55% in 2018, $p=0.02$). The impact of experiential learning at MD Anderson Cancer Center showed that 88% of fellows had increased PC awareness and were highly supportive of PC, likely attributable to their one-month mandatory PC rotation. Beyond clinical exposure, role-play-based training significantly enhanced fellows' confidence across 16 communication domains ($p=0.0077$), although gains diminished over time. A survey of program leadership revealed that while 93% of programs offered didactic PC education, only 68% had mandatory rotations, despite these rotations being perceived as the most effective learning method. Additionally, training in spiritual distress and care for imminently dying patients was ranked lowest in importance and competency. Most recently, ACP remains inconsistent, as only 47% of patients who died under fellow care had documented goals-of-care discussions. Key barriers to progress in PC integration include limited funding, staffing, and negative perceptions. Discussion/Conclusion: PC training in hematology/oncology fellowships has expanded, with mandatory rotations, didactics, and experiential learning improving fellows' competencies. However, inconsistencies persist, especially in non-NCI-designated programs. Standardizing PC training, incorporating longitudinal learning beyond traditional one-month rotations, and fostering faculty mentorship may enhance skill retention and application. Addressing funding limitations and improving faculty perceptions of PC are also critical to advancing integration efforts. Recent expansion of dual hematology/oncology and hospice/palliative medicine programs may further bridge training gaps and improve patient-centered cancer care. Study limitations include possible author, selection or publication bias; reliance on one database; lack of quantitative synthesis; and heterogeneity among included studies.</p>
<p>Jillian Weinfeld</p>	<p>Title: Improving the Process of Evaluation for Clinical Competency Among Family Medicine Residents in Rapid Response Scenarios. Author(s): Jillian Weinfeld, MD, Tarun Kakumanu, DO, Patrick Correa, DO, Kenneth Kronhaus, MD, Kelly Ussery-Kronhaus, MD. Introduction: Assessing clinical competency in Graduate Medical Education (GME) is a critical part of resident education, professional development, and improving clinical outcomes within family medicine teaching hospitals. The Accreditation Council for Graduate Medical Education (ACGME) requires each resident to undergo an evaluation and feedback process on a continual basis to identify specific areas of strengths and weaknesses. However, there are inconsistencies in the process of feedback across family medicine programs which poses a challenge for the standardization of individual resident proficiency upon graduation. This research project aims to use direct observation in order to improve the performance of family medicine residents during acute care rapid response scenarios. Methods: The top ten most common rapid response scenarios encountered at HMH Ocean University Medical Center were identified and standardized mock cases were created. Baseline direct observation data was obtained for each resident and performance was assessed on a 1-3 scale (1=requires direct supervision, 2=competent with some assistance, 3=safe to practice independently). After the baseline data collection was complete, residents were exposed to a case based learning series on rapid response scenarios and additional lectures were incorporated into the resident didactics sessions. Residents were subsequently split into three groups for reassessment: direct observation, multiple choice exam, open ended question exam. Reassessment data was scored and normalized on a 1-3 scale for comparison to the baseline data. Results: In the direct observation group, PGY-1s showed no improvement in performance, PGY-2 scores increased from a 1 to a 2 and PGY-3s also showed no improvement. For the multiple choice exam group, PGY-1 scores increased from a 2 to 2.5, PGY-2 scores decreased from a 3 to 2.5 and PGY-3 scores showed no change. In the open ended examination group, all scores dropped when compared to pre-intervention data: PGY-1 scores dropped from a 2 to a 1, PGY-2 scores dropped from a 2 to a 1.5 and PGY-3 scores dropped from a 2 to a 1.5. Discussion/Conclusion: The data from this research highlights that PGY-2s benefited the most from direct observation assessments. This highlights a critical period during residency training during which residents are transitioning into their roles as senior residents and thus may be most receptive to feedback and improving one's medical knowledge. PGY-1s and PGY-2s appeared to perform better on a multiple choice assessment, as opposed to direct observation, which may indicate that junior residents have difficulties integrating medical knowledge into clinical practice. Additionally, multiple choice questions may be an outdated measure of competency. Given that all residents performed poorly on the open ended question assessment, this brings into question whether there is a role for oral examinations, focusing on direct recall, has a role in resident education. This project demonstrates that the development of a robust process for evaluation of medical knowledge and direct observations in acute case scenarios has the potential to lead to improved clinical performance, particularly for senior residents, and can ultimately have the ability to improve patient outcomes.</p>

Innovation Abstracts

(Sorted Alphabetically by Submitting Author's Last Name)

<p>AnnGene Anthony</p>	<p>Title: Fostering the Next Generation - A Medical Education Elective for Residents. Author(s): AnnGene Anthony, Rosa Mendoza, Harini Kumar, Kevin Berg, Kelly Ussery-Kronhaus.</p> <p>Background/Theory and importance in medical education: A large percentage of clinical teaching occurs in the outpatient setting, particularly in family medicine. Efforts to cultivate residents as future faculty often focus on longitudinal medical education tracks or fellowships to produce academic faculty. Meanwhile, community-based preceptors remain in short supply. Potential preceptors cite reasons such as not feeling competent in teaching skills, a lack of connection to an institution or students, prior negative teaching experiences, and both scheduling and financial constraints as barriers to teaching in the office setting. Many residents express interest in teaching students in their future practice but feel unprepared for the role of preceptor or small group facilitator. Many published interventions on ambulatory teaching involved one-day workshops or isolated didactic sessions. In response to this identified need, we developed a medical-education elective for residents with the goal of fostering interest and skill development in ambulatory-based teaching. This presentation aims to highlight the early experiences and limitations with the elective and plans for future directions. Design: The elective was developed as a collaboration between the Office of Medical Education at the Hackensack Meridian School of Medicine (FM Clerkship/CS) and program directors for HMSOM FM residencies. The elective was offered to junior and senior level residents as a one month immersive experience. The elective emphasizes several domains: precepting and student evaluation in the outpatient setting, small group facilitation, interactive group presentations, and didactic activities. Residents also participated in continuity patient care sessions as per their residency requirements (typically 40-50% of scheduled time). A final project aimed at supplementing the FM clerkship curriculum was also required. Evaluation Plan: Residents completed a 12-item survey before and after the elective exploring their confidence in performing various educational activities (ie precepting, providing feedback, small group facilitation, large-group lectures) using Likert scales. The post-survey inquires about intentions to teach post-residency. Residents are also encouraged to provide narrative feedback on the elective experience. Feasibility: Since this elective is providing exposure to existing educational activities at the SOM, the residents are integrated into precepting sessions at their respective residency sites and into ongoing teaching activities in the Clinical Skills, Human Dimension and PPC program as well as the Family Medicine Clerkship. To date, three FM residents have participated in the elective with two additional residents currently engaged and one more this academic year. Identified limitations thus far have revolved around the availability of small group teaching activities at the SOM and scheduling with the elective lead. Intended Outcomes: The elective aims to cultivate resident interest and confidence in teaching students in their future clinical practice and stimulating participation in small group activities at the SOM. Transferability: This model can be applied across various residency programs with outpatient teaching activities.</p>
<p>Rashi Bedekar</p>	<p>Title: Enhancing Medical Training Through Real-Life Simulation Scenarios to Improve Patient Satisfaction and Communication. Author(s): Rashi Bedekar MD, MPH[1]; Abdullah Kilic, MD[1]; Ryan Kern; Isaac Soliman, MD, FACP[1]; Ali El-Sayed, M.D.[1][1] - Hackensack Meridian Mountainside Medical Center. Background/Theory and importance in medical education: Effective communication between healthcare professionals and patients is crucial to ensuring high quality care and patient satisfaction. However, medical training often emphasizes technical skills and clinical knowledge, sometimes leaving gaps in interpersonal communication skills. To address this issue, we developed a simulation-based training initiative designed to help medical trainees improve their proficiency in patient interactions across various scenarios, while maintaining compassion and empathy. We utilized structured communication techniques like AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) to boost patient satisfaction and provider performance during difficult situations. Design: We developed a structured simulation training program that includes five distinct, real-life scenarios commonly encountered in hospital settings with specific learning objectives for each case. 1. New Patient Admission – Creating a welcoming environment with clear and compassionate communication during initial interaction. 2. Uncomfortable Procedures – Alleviating patient stress during uncomfortable procedures by</p>

<p>Rashi Bedekar (continued)</p>	<p>delivering transparent explanations with empathy and compassion.3. Discharge Instructions for Medication and Follow-up– Ensuring patients have a clear understanding of their medications, follow-up appointments and other post-hospital care.4. Patient with Challenging Emotional Needs – Providing emotional encouragement and comfort to patients during stressful situations.5. Patient in Pain – Effective communication with patients experiencing severe pain.</p> <p>Every week, medical students, interns, senior residents and attending physicians will collaboratively engage in a simulation scenario. Teams will receive real-time feedback from faculty and patient satisfaction specialists, with a focus on communication effectiveness, emotional intelligence, and problem-solving. Evaluation Plan: We will evaluate the impact of our simulation-based training through a pre- and post-intervention analysis:</p> <ul style="list-style-type: none"> • Patient Satisfaction Reports – Compares hospital-wide patient satisfaction scores over different timeframes, analyzing trends before and after the program’s implementation. • Resident Feedback Interviews – Participants will undergo interviews to determine their confidence and readiness in dealing with difficult conversations. • Faculty Observations – Qualitative assessments of participants’ improvements in communication and professionalism will be made by faculty members. Feasibility: Our hospital’s existing simulation lab infrastructure enables the program to be implemented easily with few additional costs. Faculty involvement ensures that the program remains structured and clinically relevant, while monthly sessions allow for progressive skill-building without disrupting clinical responsibilities. Intended Outcomes: <ul style="list-style-type: none"> • Improved patient satisfaction scores related to communication and emotional support. • Increased providers’ confidence in managing patient care during difficult scenarios. • Decreased frequency of medical errors that result from miscommunication. • Incorporate a standardized approach to difficult conversations using the AIDET framework. <p>Transferability: This model is designed to be highly replicable, allowing it to be implemented across specialties in any facility with access to simulation centers. Due to its simulation of real life high-impact scenarios, it can be easily adapted into many clinical settings. Hospitals and training programs interested in enhancing their medical education and patient care can tailor similar simulation-based programs to fit their institution’s needs.</p>
<p>Rashi Bedekar</p>	<p>Title: Evaluating the effectiveness of the ECG Symposium for Internal Medicine Residents: A Pre- and Post-Assessment Study. Author(s): Rashi Bedekar, MD, MPH [1]; Muaaz Almerstani, MD[1]; Khush Dadhanian, MD[1]; Edwin Mosquea Gomez, MD[1]; Isaac Soliman, MD, FACP[1]; Ali El-Sayed, M.D[1]. Background/Theory and importance in medical education: ECG is a crucial modality enabling healthcare professionals to detect abnormalities such as arrhythmias, heart attacks, and electrolyte imbalances. While an accurate interpretation of ECG is an important skill for early detection of life-threatening cardiac pathology, studies have shown that many residents lack confidence and proficiency in ECG interpretation. To address this gap, we organized an ECG symposium for internal medicine residents to help improve proficiency in identifying common ECG tracings, especially ones that reflect emergent pathology. Design: The intervention consists of a 3-hour ECG symposium designed for internal medicine residents, which will include interactive lectures, interactive case discussions, and practice with ECG interpretation. This study will use pre- and post-intervention assessments with a longitudinal follow-up. A pre-intervention assessment will be administered to each participant to record baseline knowledge of ECG. After the symposium a post intervention assessment will be administered. An additional follow-up assessment will also be administered a few months after the symposium to assess long-term retention of knowledge and self-reported changes in confidence. Study population will consist of Internal medicine residents at Mountainside Medical Center – Hackensack Meridian Health. Evaluation Plan: We will evaluate the impact of our ECG symposium through pre- and post- assessment and a follow up assessment, intervention analysis. Scores from all three questionnaires will be compiled. Statistical Analysis will consist of</p> <ul style="list-style-type: none"> • Descriptive statistics (mean, standard deviation) will be used to summarize baseline characteristics of the study population. • Paired t-tests or Wilcoxon signed-rank tests will be used to compare pre- and post-test knowledge scores. • Paired t-tests or Wilcoxon signed-rank tests will also be used to compare self-reported confidence scores and skill assessment scores before and after the symposium. • A mixed-effects model will be used to assess the impact of the symposium on long-term retention, controlling for any baseline

<p>Rashi Bedekar (continued)</p>	<p>differences. Feasibility: Our hospital’s existing infrastructure enables the symposium to be implemented easily with few additional costs. Faculty involvement from cardiology and other subspecialties like interventional cardiology, electrophysiology ensures that the program remains structured and clinically relevant and allow for progressive skill-building without disrupting clinical responsibilities. Intended Outcomes: Primary Outcome:</p> <ul style="list-style-type: none"> • Change in knowledge (pre-test and post-test scores). • Change in self-reported confidence (Likert scale) <p>Secondary Outcomes: • Improvement in ECG interpretation accuracy (measured by pre- and post-intervention ECG cases). • Retention of knowledge (Follow-up test). • Resident satisfaction (Survey after symposium). Transferability: This model is designed to be highly replicable, allowing it to be implemented across in any facility. Organizing an interactive event with the sole focus of improving ECG interpretation would help residents make rapid and important medical decisions based on ECG analysis. Additionally, prior studies indicate that this approach is more effective than a conventional lecture-based teaching during cardiology internship. Similar interactive symposiums can be organized to enhance.</p>
<p>Mira Blecherman</p>	<p>Title: Ripple Magazine: A Multimedia Showcase of Artistic Voices in Medical Education. Author(s): Priya Bhave, Mira Blecherman, Allison Piazza. Background/Theory and importance in medical education: Modern medical education aims to achieve a humanistic approach that emphasizes holistic care and social determinants of health alongside technical skills and scientific knowledge. With the support of the larger academic community, students can elaborate on these emerging curriculums by creating opportunities to explore personal growth through art. Design: Ripple Magazine showcases the diverse talents of the Hackensack Meridian School of Medicine (HMSOM) community to create a platform that validates and celebrates the artistic endeavors of students. Created in 2022, Ripple is a multimedia arts journal with two published volumes, each with 20+ art pieces from students, faculty, and HMSOM community members, including visual and digital art, song, dance, poetry, and prose. In addition to community outreach, Ripple Magazine recruits submissions from arts-focused HMSOM student clubs and educators in the Human Dimension longitudinal curriculum exploring the social determinants of health. Evaluation Plan: To evaluate the success of Ripple Magazine, we first plan to collect testimonies from those involved in editing and submitting to the magazine, which we anticipate will create a narrative endorsement of the positive impact of the project. We also plan to interview students before and after reading the magazine and asking about their perceptions about several aspects of medical education, including humanism, empathy, and community. Feasibility: Ripple Magazine is a student run publication with the support of the medical school library. The magazine was published on the library website. There is no cost to produce the magazine. Starting with inception of a theme until completed collection and editing of submissions, the entire process takes about six months. Conducting interviews regarding the magazine will also not have a cost. It is anticipated that these interviews will take 3-4 months, including time to recruit interviewees, interview them before and after reading the magazine, and aggregating the data. A successful outcome can be defined as overall positive feelings towards the magazine regarding student wellness, creating a sense of community, and promoting student introspection regarding careers as future doctors. Intended Outcomes: We anticipate that the results of this study will show that students find their clinical experiences to be more rich, engaging, and introspective when they have encountered a medical arts journal like Ripple Magazine. We also anticipate that members of the HMSOM community are eager to explore personal growth through art. Students and academic leaders will find the Ripple Magazine concept a compelling model for understanding healthcare practice as a humanitarian endeavor. The magazine, presentation, and subsequent study will engage those seeking to break down the traditional silos between the emotional and objective experiences of medical training. They will also illustrate the magazine’s power to build connections, support wellness, and create a humanistic educational environment that recognizes the rich inner lives of the people in medicine. Transferability: Future growth opportunities for Ripple Magazine include integrating submissions from other healthcare graduate programs including PA, PT, and nursing, as collaboration across academic specialties is aligned with the mission of the magazine. The magazine will continue to collaborate with HMSOM stakeholders to best foster an artistic community.that members of the HMSOM community are eager to explore personal growth through art. Students and academic leaders will find the Ripple Magazine concept a compelling model for understanding healthcare</p>

<p>Mira Blecherman (continued)</p>	<p>practice as a humanitarian endeavor. The magazine, presentation, and subsequent study will engage those seeking to break down the traditional silos between the emotional and objective experiences of medical training. They will also illustrate the magazine’s power to build connections, support wellness, and create a humanistic educational environment that recognizes the rich inner lives of the people in medicine. Transferability: Future growth opportunities for Ripple Magazine include integrating submissions from other healthcare graduate programs including PA, PT, and nursing, as collaboration across academic specialties is aligned with the mission of the magazine. The magazine will continue to collaborate with HMSOM stakeholders to best foster an artistic community.</p>
<p>Lindsey Dedow</p>	<p>Title: Individualized Learning Plan use in Undergraduate Medical Education: Measuring Impact and Success. Author(s): Lindsey Dedow, Rachel Cirelli. Background/Theory and importance in medical education: Self-directed learning is a foundation of the HMSOM curriculum (EPO #3), and students are provided with multiple opportunities to engage in building this skill, including a robust advising structure built on the development and review of Learning Plans (LPs). Individualized Learning Plans (ILPs), a tool for teaching and structuring self-directed learning, have been used for some time in Graduate Medical Education and to a lesser extent in course-specific UME, but information on their broader use and efficacy in UME is limited. A scoping review of the use of LPs in UME (Romanova et al, 2024) found that LPs appear to have potential to support medical student education and facilitate translation of SRL skills into residency training and that successful use requires training and an experienced mentor. They concluded that more research is required to determine whether benefits of LPs outweigh the resources required for their use. Design: HMSOM use of ILPs as a longitudinal tool is innovative, but initial evaluation has been minimal. Students were asked one question on a SAW-wide evaluation, "The ILP process helps me develop my goals and achieve success." Responses to that statement varied by advisor, from 0% to 35% of students responding 'disagree/strongly disagree". In response, we are designing a research program to more specifically evaluate the benefits of the current ILP structure, including potential advisor characteristics, skills and behaviors, and structural modifications that might improve effectiveness. We are building a rubric that evaluates the strength of students’ ILPs (including depth of reflection, openness to feedback, and level of self-disclosure) and then will assess correlations with measures associated with positive curricular and professionalism outcomes. Once crucial areas are identified, we will integrate additional skill teaching to assess if stronger ILPs can be developed. Evaluation Plan: Once the ILP evaluation rubric and rater training is complete, we will evaluate correlations beginning with academic metrics, goal attainment, confidence in goal attainment ability, and evaluations of EPOs 3 and 17. Future areas of correlation include areas of the SAQ such as the SGS and PSQoP (grit and professionalism) and student perception of preparation for residency. We hope to include students in this research program, to make suggestions for editing the ILP form/process to help students make the connection between the reflection and goal setting in the form and their future self-directed learning and career success. Feasibility: Much of the data we plan to use already exists, both ILP and correlative data. We plan to identify a subset of all ILPs to use, based on evaluation of how many data points would be necessary for findings to be significant. ILP data will be de-identified to the raters and advisors will only rate ILPs for other advisors' students. The research program will be ongoing over several years, as there are many elements to explore, and use of SAQ elements will require IRB review/approval. Intended Outcomes: We hope to identify the elements of an ILP that are most correlated with positive outcomes of higher self-directed learning, higher confidence in goal setting and achievement, higher professionalism and practice-based learning and improvement scores, and better preparation for residency. Transferability: Given that self-directed learning is an important component of many UME and GME programs, we believe that this information can potentially benefit all other UME and GME programs.</p>

<p>Margaret Dreker</p>	<p>Title: Enhancing Clerkship Education: Streamlining with Google Classroom. Author(s): Christopher Duffy, Kyle Downey, Margaret Rush Dreker, Saman Ali, Farha Chowdhury, Dr. Tovah Tripp, Dr. Joshua Josephs, Dr. Ryan Moore. Background/Theory and importance in medical education: The HMSOM Health Sciences Library has been involved in the delivery of information literacy and evidence-based medicine content within the HSS curriculum to teach students to locate the most relevant and valid evidence in support of clinical care. The library works closely with Dr. Josephs in the Health System Science, Information Mastery content. This content is continued into Clerkships with a required EMB (PICO) assignment. The assignment, to reinforce EBM skills, has become very time consuming for the clerkship directors, the librarians and the presenting students. Using Google Classroom (GC) allows clerkship directors to simplify creating, distributing, and grading assignments. GC helps create and organize assignments quickly, and provide valuable feedback efficiently through an accessible mode of feedback. GC seamlessly integrates with Gmail, Google Drive, and Google Docs, enabling clerkship directors to use a virtual cloud for storing their data. GC provides direct private messaging between the clerkship director and each student. The ease of access and simplicity of the user interface make Google Classroom a viable tool for this one assignment.</p> <p>For the HSS assignment, GC streamlines the process of sharing files between clerkship directors, librarians, and students. Some of these processes, like online modules, can also reduce the demands on clerkship faculty time. The librarians worked with the Surgical Clerkship and Internal Medicine Clerkship Directors to design and deliver information, assignments, Library resources, and feedback using the free Google classroom. In the future, we plan to examine student and faculty learning, feedback and satisfaction and modify this module accordingly. Results of this collaboration between Course Directors, Clerkship Directors and students may add to the knowledge base of attitudes and skills needed for the library to practice as full faculty partners in curricular design and instruction.</p> <p>Design: Structuring Your Google Classroom: Create Topics: Organize content into topics such as: Introduction to HSS EBM (PICO) Assignment, Provide Learning Objectives for Assignment, Adding Library Resources, Population Health and Social Determinants, Interprofessional Collaboration.</p> <p>Evaluation Plan: Tracking Progress • Rubrics & Feedback: Use Google Classroom rubrics for clear assessment and feedback criteria. • Progress Monitoring: Review assignment completion rates and provide individual feedback. • Feedback: Have students provide feedback on colleagues' presentations evaluating the understanding of HSS concepts. • Archiving student assignment and feedback. Feasibility: Google Classroom is available, adaptable, and easy of use. Intended Outcomes: Google classroom is free and adaptable to those at the HMSOM and students. Accessible 24/7 on or off campus. Transferability: Started with Surgical Clerkship and adapted to IM Clerkship after personalizing the required assignments, deadlines and learning objectives. Ability to add to other clerkships,.</p>
<p>Mekbib Gameda</p>	<p>Title: Implementing Restorative Practices: Building a Healing Community at HMSOM. Author(s): Mekbib Gameda, Hilda Williams, Kristian Thame, Pedro Flores, Hyacinth Mason.</p> <p>Background/Theory and importance in medical education: Restorative practices (RP), rooted in Indigenous peacemaking traditions, have been endorsed by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) as effective tools for fostering belonging, strengthening community ties, and addressing harm in medical education. At Hackensack Meridian School of Medicine (HMSOM), concerns about trust among students, faculty, and staff prompted the adoption of RP in summer 2024 to cultivate a more inclusive and cohesive learning environment. Design: The initiative began with a planning committee and engagement with HMSOM leadership, including the Dean's Cabinet, Chairs, and Vice Chairs. A full-day restorative leadership retreat provided the Dean's Cabinet with training in restorative dialogue and conflict resolution. A cohort of 30 faculty, staff, and students underwent intensive training covering all seven RP modules, focusing on three key tiers:</p> <ul style="list-style-type: none"> • Tier 1: Community-building circles to foster trust and shared values. • Tier 2: Concern/harm circles to address conflicts constructively. • Tier 3: Restorative conferences to support reintegration after professional or academic challenges. <p>Experiential learning activities, including role-playing and debriefing sessions, helped participants integrate RP into medical education, student support, and leadership practices. Evaluation Plan: Effectiveness will be assessed through qualitative and quantitative methods, including:</p> <ul style="list-style-type: none"> • Pre- and post-training surveys measuring participants' understanding and confidence in using RP.

<p>Mekbib Gameda (continued)</p>	<ul style="list-style-type: none"> • Focus groups and interviews with faculty, staff, and students to gauge perceived improvements in trust and community cohesion. • Longitudinal tracking of RP application in curriculum development, student support, and faculty-student interactions. Feasibility: Institutional commitment and early stakeholder engagement support RP integration at HMSOM. A phased approach—starting with leadership training and followed by cohort-based implementation—ensures sustainability. Future steps include embedding RP into student orientation, graduate medical education (GME), and reintegration processes for students, residents, and staff returning from leaves of absence. Intended Outcomes: <ul style="list-style-type: none"> • Strengthened sense of belonging among students, faculty, and staff. • Enhanced trust and communication through structured restorative dialogues. • Increased student and faculty engagement in curriculum development and institutional decision-making. • Effective conflict resolution and reintegration support for students facing academic or personal challenges. Transferability: The RP framework can be adapted by other medical institutions to enhance community-building and conflict resolution. Lessons from HMSOM’s experience provide a model for integrating RP into medical education, faculty development, and student support. By embedding RP into existing academic and professional structures, medical schools can foster more inclusive, supportive, and resilient learning environments.
<p>Mekbib Gameda</p>	<p>Title: M.I.N.D.S. Program: Fostering Discovery of Science and Medicine through Pathway Programs in Medical Education. Author(s): Arielle Dublin, Hilda Williams, Mekbib Gameda.</p> <p>Background/Theory and importance in medical education: The M.I.N.D.S. Program provides high school juniors and seniors in New Jersey with early exposure to the health professions. Designed to create a path towards medical education access, M.I.N.D.S. creates hands-on learning and mentoring. The program enhances interns' understanding of the medical field and healthcare in New Jersey. M.I.N.D.S. plays a crucial role in shaping the next generation of healthcare professionals and addressing workforce shortage. Design: The program offers accepted interns a structured curriculum that includes CPR/BLS and Narcan certification, SAT preparation, and clinical shadowing. Interns participate in field trips to hospitals and community organizations, visit the HMSOM anatomy lab, and complete a research project addressing community health needs. They also attend lectures from faculty and staff while engaging with healthcare professionals who share career insights. The program culminates in a research showcase, allowing students to present their findings to faculty, family and friends. Evaluation Plan: Pre-and post-program surveys measure the interns' confidence in research skills, college/career preparedness, and interest in careers in healthcare. Feedback from lecturers, interns, and faculty informs program improvements.</p> <p>Feasibility: The program thrives with institutional support, faculty engagement, and student participation. InterHMH partnerships, community health sites, and grant funding ensure sustainability. It’s adaptable structure allows for replication with minimal changes. Intended Outcomes: • Increase interns’ knowledge of clinical and research settings. • Enhance mentorship-driven networking. • Improve confidence in academic skills • Foster a pipeline of well-prepared candidates for medical schools and eventually careers. Transferability: The M.I.N.D.S. Program serves as a scalable model adaptable across medical and educational institutions. Its structured approach to mentorship, clinical exposure, and research can be customized to fit varying institutional needs while maintaining core objectives. By integrating hands-on learning and mentorship from the school, the program supports learners from varied backgrounds and perspectives in their pursuit of healthcare careers.</p>

<p>Shania Hemphill</p>	<p>Title: A Preliminary Report on Student Engagement with Peer Tutoring. Author(s): Shania Hemphill.</p> <p>Background/Theory and importance in medical education: This abstract presents preliminary data on how the Academic Support peer tutoring program promotes engagement in collaborative learning among medical students. Collaborative learning and peer tutoring are known to support student learning and academic performance. To foster these benefits, we expanded our peer tutoring program to include weekly sessions for both pre-clinical and clinical clerkship students.</p> <p>Design: Our program offers structured, student-led sessions for all pre-clinical and clinical students. High-performing third-year students, who complete Step 2 are recruited as tutors based on clearly defined criteria. Tutors undergo training and choose sessions to facilitate. Phase 1 sessions use a question-based approach to review pre-clinical content, while Phase 2 sessions target clinical content relevant to clerkship shelf exams. Evaluation Plan: We monitor attendance at each session and we also collect regular student feedback for continuous quality improvement. We analyzed the attendance data to determine the percentage of students who attended and the frequency of their participation. Our goal was to understand the engagement patterns and program effectiveness.</p> <p>Feasibility: Medical schools can create similar programs by adapting the structured approach to peer tutoring and monitor engagement patterns to inform continuous quality improvement of their respective programs. Intended Outcomes: For the 2024-2025 academic year, 24.5% of the 2021 cohort were onboarded as peer tutors. Phase 1 attendance tracking shows 64.2% of the 2024 cohort, 51.8% of the 2023 cohort attended at least one session and 45.8% and 39.2% of the respective cohorts attended three or more sessions. Phase 2 attendance shows 43% of the 2022 cohort attended at least one session but only 6% attended three or more sessions. These data suggest strong initial interest and recurring participation in the pre-clinical years and a need to explore barriers to participation during clinical years. Transferability: While the structured approach to developing and evaluating peer review sessions is transferable across institutions, medical schools will need to identify and address barriers to student participation unique to their respective learning environments.</p>
<p>Aparna Iyer</p>	<p>Title: From Clinic to Community: Empowering Health Through the Live Well Center. Author(s): Aparna Iyer, MD; Dipal R. Patel, MD FACP. Background/Theory and importance in medical education: The ACGME Internal Medicine Common Program states that residents must promote health and serve as teachers to patients and families, demonstrating effective communication. The 2021 CLER report noted that a median of 30% of residents received cultural competency training tailored to the populations they serve. Englewood Health’s Community Medicine curriculum focused on equitable patient care but lacked outreach opportunities for residents. To bridge this gap, we partnered with the Live Well Center (LWC) to develop the “Talk with a Doc” series, enabling residents to engage in health education beyond clinical settings. Design: The LWC is an Englewood Hospital-affiliated community health center dedicated to enhancing well-being. Located in a busy area, the center offers free programs for emotional, nutritional, and physical wellness. The 'Talk with a Doc' series, center's signature initiative, allows community members to engage with physicians outside the exam room while providing a platform for medical professionals to share expertise, bridging the gap between clinical care and community education. Piloted in winter 2022, we hosted 12 community talks, including one entirely in Spanish. A preventive cardiology panel featured a resident with the NJ ACC. Sixteen residents have participated so far, addressing key health themes based on Community Health Needs Assessment (CHNA) data. These talks help residents share vital health information and promote wellness accessibly. An integral component of Englewood Health's Ambulatory Medicine curriculum is Community Medicine. From PGY1, residents learn social determinants of health and health literacy. The LWC is used to explore disparities within the community and to educate and engage the community. By adding to the 2024-25 Ambulatory Chief curriculum, the Chief Resident liaises between the LWC and residents, coordinates speakers, and ensures sustainability. Residents receive plain language coaching, and materials are provided in Spanish and Korean. Community members value these opportunities to engage with physicians, ask questions, and influence future talk topics. Evaluation Plan: Survey results from residents and community members who participated in these talks showed: Resident Engagement:- 74% of residents (out of 27) had participated in the talks. - 74.1% of non-participants expressed willingness to do so. - 83.3% would recommend this to others. Community Member Feedback:- 93.6% expressed satisfaction.- 90% would attend another seminar. Residents found the talks meaningful, and feedback highlighted the value of community outreach</p>

<p>Aparna Iyer (continued)</p>	<p>and strong engagement from both groups. Feasibility: Our data suggests that the initiative is feasible, with strong engagement from both residents and the community. The structured involvement of the Ambulatory Chief Resident ensures coordination and sustainability. Intended Outcomes: This lecture series provides residents with hands-on experience in community medicine while empowering community members to make informed health decisions. The initiative has shown measurable benefits for both groups, highlighting the impact of health education. Moving forward, we aim to increase engagement by incorporating topics of interest and encouraging more resident participation. Transferability: While not all institutions have a dedicated community health center, this model can be adapted by partnering with local organizations, offering residents valuable opportunities to engage with the communities they serve and fostering stronger connections between providers and patients.</p>
<p>Daniella Kay</p>	<p>Title: Implementation of the Planetary Health Report Card to Improve Environmental Health Education at HMSOM. Author(s): Daniella Kay, Matthew Luebke, Amanpreet Kaur, Jack Cucchiara, Eliana Safer, Lauren Sandberg, Lawrence Rosen. Background/Theory and importance in medical education: The intersection of planetary health and medical education is increasingly critical as climate change and its related consequences significantly impact public health. The Planetary Health Report Card (PHRC) serves as a student-driven initiative to assess and improve institutional commitments to planetary health education, research, and sustainability. Students at the Hackensack Meridian School of Medicine (HMSOM) implemented the PHRC to evaluate and enhance its integration of environmental health into the curriculum, community engagement, and institutional operations. This initiative aligns with HMSOM’s mission to advance socially responsible medical education and equip future physicians with the knowledge to address climate-related health challenges. Design: The implementation of the PHRC at HMSOM was spearheaded by students and faculty in collaboration with the institution’s Vice President of sustainability. The PHRC framework evaluates five key domains: curriculum, interdisciplinary research, student-led initiatives, community engagement, and institutional sustainability. A structured review process was undergone, leveraging student findings, faculty interviews, and institutional data collection. Additionally, recommendations were established to develop targeted action plans for identified areas needing improvement. Evaluation Plan: Evaluation of the PHRC implementation included both qualitative and quantitative assessments. Baseline data was collected through initial PHRC scoring, followed by structured feedback from faculty and students. Improvements in curriculum integration, student engagement, and institutional policies were measured against PHRC benchmarks. Comparative analyses with peer institutions further contextualized HMSOM’s progress and highlighted best practices for continued development. Feasibility: The PHRC leveraged existing institutional resources and student engagement to ensure sustainability. Faculty support and administrative commitment were key to integrating environmental health topics into pre-existing coursework. The initiative required minimal financial investment, primarily relying on volunteer efforts and institutional backing. The adaptable nature of the PHRC framework allowed for phased implementation, ensuring manageable progress over time. Intended Outcomes: The primary outcomes of the PHRC implementation include: 1. Increased incorporation of planetary health topics in the medical curriculum. 2. Enhanced student awareness and advocacy for environmental health. 3. Strengthened institutional commitment to sustainability and climate-conscious policies. 4. Development of actionable recommendations for continued improvements in planetary health education at HMSOM. Transferability: The PHRC model is highly transferable to other medical institutions seeking to improve planetary health education. HMSOM’s experience demonstrates that with student leadership, faculty collaboration, and institutional support, the PHRC can serve as a catalyst for sustainable change. The methodology and lessons learned from HMSOM’s implementation can be adapted to various institutional settings, fostering a broader commitment to integrating planetary health into medical education nationwide. This initiative underscores the crucial role medical schools play in preparing future physicians to address climate-related health issues, reinforcing the need for a robust and enduring commitment to planetary health education.</p>

<p>Matthew Luebke</p>	<p>Title: Development of Longitudinal Competencies for Environmental Health Education at the Hackensack Meridian School of Medicine. Author(s): Matthew Luebke, Amanpreet Kaur, Lawrence Rosen. Background/Theory and importance in medical education: The impact of environmental determinants on human health is an essential yet underrepresented area in medical education (Selvam et al., 2023). Recognizing the urgent need to integrate environmental health into medical training, students and faculty at the Hackensack Meridian School of Medicine (HMSOM) have developed a set of longitudinal competencies on Environmental Determinants of Health (EDOH). These competencies provide a structured framework for medical students to understand, assess, and address the health effects of environmental exposures, climate change, and healthcare sustainability. By embedding EDOH competencies across the curriculum, HMSOM aims to equip future physicians with the necessary knowledge and skills to integrate environmental considerations into patient care, public health initiatives, and policy advocacy. Design: The development of EDOH longitudinal competencies at HMSOM involved a multidisciplinary team of faculty and students in conjunction with core competencies published from the Global Consortium on Climate and Health Education and Harvard Medical School (Sorensen et al., 2023; Kline et al., 2024). The competencies focus on five key areas: (1) defining the pathophysiological mechanisms of environmental determinants on health, (2) applying the environmental health knowledge to clinical care, (3) analyzing social and structural determinants of environmental justice, (4) understanding the environmental impact of healthcare practices, and (5) exploring physicians' roles in environmental health advocacy. The developed competencies will be systematically integrated into preclinical coursework, clinical rotations, and community engagement experiences to ensure longitudinal exposure throughout medical training. Evaluation Plan: The effectiveness of the EDOH competencies will be assessed through multiple measures, including student knowledge assessments, faculty evaluations, and integration within standardized patient encounters. Surveys and feedback from students and faculty track improvements in competency comprehension and application. Feasibility: The integration of EDOH competencies into HMSOM's curriculum is supported by existing faculty expertise, institutional sustainability initiatives, and national guidelines on environmental health education. The competency-based framework allows for seamless incorporation into existing courses without requiring extensive additional resources. Partnerships with public health organizations and environmental advocacy groups in the Human Dimension program further enhance the feasibility of real-world application and community-based learning. Intended Outcomes: The expected outcomes of implementing EDOH longitudinal competencies include: 1. Improved student competency in recognizing and addressing environmental health risks in clinical practice. 2. Enhanced curriculum alignment with emerging environmental health challenges. 3. Increased institutional commitment to sustainability and climate-conscious healthcare practices. 4. Development of future physician leaders prepared to advocate for environmental justice and public health policies. Transferability: The EDOH longitudinal competency framework serves as a scalable model for other medical institutions seeking to integrate environmental health education into their curricula. By providing a structured yet adaptable approach, HMSOM's implementation can further inform national efforts to incorporate environmental determinants of health into medical training. The competencies can be easily adapted to different educational settings, ensuring that future physicians across diverse institutions are equipped to address the growing intersection of environmental and human health.</p>
<p>Jasmine Mathew</p>	<p>Title: Student Advisory Group: A Collaborative Approach to Enhance Academic Support. Author(s): Jasmine Mathew, MPH, MCHES and Priyadarshini Dattathreya, MBBS, MD, MMed. Background/Theory and importance in medical education: Medical students face immense academic challenges, often requiring support beyond traditional instruction. Support services created using student perspectives promote autonomy and self-determination thereby increasing engagement. The Academic Support Unit at the Hackensack Meridian School of Medicine initiated the creation of the Student Advisory Group (SAG) to provide a platform for students to have a voice in academic support programming and resources. This initiative is a work in progress. We aim to share the preliminary structure and objectives of the group. Design: The group comprises 9 student members- 6 general members from each phase of the medical school and one representative each from the Student Government Association, Peer Mentors and Peer Tutors. The goal is to explore various student perspectives to identify gaps in academic support resources and provide targeted solutions. Evaluation Plan: A key responsibility of the SAG is to actively promote academic support initiatives, with the first project being the promotion of the Academic Support</p>

<p>Jasmine Mathew (continued)</p>	<p>Toolkit and resources available on the site. We also intend to use the SAG to make adjustments and promote the Academic Support Learning Needs Assessment (LNA). This assessment will be distributed to identify strengths and areas of improvement for Academic Support. The LNA will be used to triangulate academic support student needs along with interviews and focus groups. The success of the SAG will be measured by responses to the annual student satisfaction surveys and learning needs assessment. Feasibility: The SAG model is designed to be sustainable within a medical institution framework. It is supported by the integration of student members who are actively engaged with faculty and administration. The model requires minimal financial resources, as it leverages existing entities such as Academic Support services, student organizations, and the peer mentoring program. Intended Outcomes: The implementation of the SAG intends to achieve several key outcomes to enhance academic support services and overall student success in medical education. By involving students in decision-making, we hope to improve student engagement with Academic Support services and resources. Through the LNA, focus groups, and student feedback, we hope to identify areas where academic support can be improved and expanded upon. Success will be evaluated through student satisfaction surveys, engagement data, and a longitudinal assessment of academic outcomes. Transferability: The SAG model is replicative for other medical school institutions and provides a flexible framework to enhance academic success. This framework offers a flexible membership structure, minimal cost implementation, and scalability to include additional student committees or faculty subgroups to support SAG initiatives.</p>
<p>Matthew Phillippi</p>	<p>Title: Imaging Disparities Curriculum for Medical Students. Author(s): Matthew Phillippi. Background/Theory and importance in medical education: Radiologic imaging is an important, though often overlooked, source of healthcare disparities. Imaging disparities can lead to poorer patient outcomes, and contribute to rising healthcare expenditures. Due to the ubiquity of medical imaging in healthcare, nearly every specialty can have an impact on reducing imaging disparities. As such, it is important to provide education on imaging disparities to medical students who can use this knowledge in their specialty of choice to ameliorate bias in medical imaging. This curriculum development project was aimed at creating opportunities for medical students at the Hackensack Meridian School of Medicine to learn about imaging disparities and strategies to reduce bias. General and targeted needs assessments showed a need for curriculum surrounding this important issue, as it was not addressed in the school's current curriculum. Design: The curriculum was designed using Kern's six step curriculum development approach. It is planned to be composed of three sessions - one brief early mention in the Introduction to Radiology lecture early in the medical school curriculum, one large session composed of pre-work, lecture, large group discussion, and reflection journaling assignment, and one assignment involving developing screening guidelines that minimize imaging disparities during the Clerkship year. Evaluation Plan: Cycles of feedback via student survey and subsequent focused improvement will be utilized to ensure high curricular quality. Survey data from outcomes based assessment questions will be sought after each session from the participating cohort, and changes reflecting this data will be made to the relevant session on a yearly basis. Feasibility: The curriculum should be able to be concurrently adopted into the medical school curriculum, as significant existing curriculum on disparities can act as a framework for this new curriculum. The associated costs largely involve the curricular time needed for this new material, with some additional consideration for faculty to deliver the material. Intended Outcomes: The intended outcomes for the curriculum are largely cognitive in nature and focus on understanding imaging disparities, being able to provide examples, and knowledge of strategies to reduce these disparities. Additionally, there are also intended affective outcomes focusing on self-reflection and incorporating the idea that reducing imaging disparities in one's future practice is important. Transferability: This curriculum should be highly transferable. While the Hackensack Meridian School of Medicine has existing education on health disparities that eases the incorporation of this material, it can be easily modified to integrate into other medical school curriculums, and could even be appropriate to introduce into applicable residency programs with modifications.</p>

**Chadane
Thompson**

Title: Improving Residents' Knowledge and Application of Landmark Clinical Trials in Internal Medicine: A Hybrid Curriculum Integrating Interactive Learning and Gamification. **Author(s):** Chadane Thompson, MD; Shalva Eliava, MD; Yu-Han Chen, MD; Dipal Patel, MD.

Background/Theory and importance in medical education: Evidence-based medicine (EBM) is foundational for high-quality clinical practice. The ACGME dictates competency in practice-based learning and improvement, emphasizing the need for trainees to adeptly integrate scientific evidence into clinical decision-making across diverse healthcare settings. However, internal medicine residents may lack confidence or proficiency in critically appraising and applying evidence to patient care. We introduce a novel curriculum that pioneers an innovative approach to traditional, passive methods of EBM training by incorporating an interactive lecture series on landmark clinical trials, curated resources, and gamification strategies, ensuring a sustainable and high-impact educational experience. **Design:** This project begins with a comprehensive needs assessment survey evaluating residents' baseline knowledge, attitudes, practices, and barriers related to EBM integration. Interventions will entail: (1) a two-module longitudinal, interactive lecture series covering landmark trials across subspecialties, focusing on In-Training Exam (ITE) deficiencies at the program level; (2) resource tools, including an online database of landmark trials, quick-reference pocket guides with trial summaries, and clinical decision support applications; and (3) team-based games, like Jeopardy-style quizzes and trivia questions with an EBM leaderboard system integrated into the existing residency-wide "House Cup" competition. The initiative will encourage clinical application through structured noon reports, evidence-based discussions on rounds, case-based learning, and highlighting clinical evidence in patient documentation and oral presentations. **Evaluation Plan:** The curriculum's effectiveness will be assessed over six months (March-August 2025). Quantitative evaluation will include pre- and post-intervention multiple-choice and Likert-scale surveys assessing EBM knowledge, confidence, and clinical application. Qualitative feedback will be gathered through open-ended questions to identify curriculum impact and seek recommendations for improvement. The long-term impact will be monitored by interval reassessments of the following: knowledge, shifts in attitudes toward EBM and landmark trials, incorporation of evidence-based practices into patient care, and changes in 2025 ITE scores. Statistical analyses will compare data and identify subgroup variations based on PGY level. **Feasibility:** This project will seamlessly leverage existing institutional resources and freely available digital tools for minimal financial or logistic burden. Led by Chief Residents, didactics and games will occur during existing protected educational time. Learning resources will be easily accessible through resident communication channels. Templated lectures will ensure standardization in content delivery across sessions. Data collection will be managed via REDCap to ensure confidentiality and streamlined analyses. **Intended Outcomes:** This combination of interactive, peer-driven learning and structured reinforcement strategies through gamification will ensure engagement, retention, and practical application of EBM principles, distinguishing this initiative from conventional EBM training methods currently used at Englewood Hospital. Using these multi-modal learning approaches, we will enhance residents' knowledge, confidence, and application of landmark trials, boost ITE performance and program success, advance high-quality patient care, and provide a scalable EBM learning model for rotating medical students, ultimately advancing evidence-based medical education and practice. **Transferability:** This curriculum can be scaled and adapted to undergraduate and graduate medical education nationwide by tailoring didactic and gamified content to institutional/specialty needs and using widely available digital tools to promote longitudinal learning. In fostering a sustainable culture of EBM integration, future directions could embrace personalized learning tools and applications driven by artificial intelligence.

<p>Julia Wickman</p>	<p>Title: Perceptions of Development, Progression, and Retention of Acute Care Skills after a Longitudinal, Mandatory, Third-Year Emergency Medicine Clerkship by Current Students, Graduates, and Faculty. Author(s): Julia Wickman, Monica Hernandez. Background/Theory and importance in medical education: Acute care is an essential skill for all medical physicians. This includes the ability to identify patients that may require immediate medical attention, perform basic life-saving interventions, and engage additional resources as needed. The American Association of Medical Colleges (AAMC) identifies “urgent/emergent care” as a core entrustable professional activity that should be achieved prior to residency.¹ Previous studies have profiled deficiencies in acute care skill exposure and performance in both medical students ^{2,3} and residents.⁴ Implementation of longitudinally integrated curricula has been shown to improve development of critical thinking, differential diagnosis, and treatment plan skills.⁵ As far as we are aware, there are no other longitudinal, mandatory, third-year emergency medicine clerkships like the one at Hackensack Meridian School of Medicine (HMSOM). Our purpose is to evaluate the impact of this unique clerkship format on development, progression, and retention of acute care skills from the clerkship year of medical school through the intern year of residency. Design: The Hackensack Meridian School of Medicine presents an innovative approach to medical education. The twelve-month clerkship year is broken down into eight core clerkships, including a longitudinal emergency medicine clerkship followed by assessment with a standardized advanced NBME assessment. The emergency medicine clerkship requires students to complete a total of 16 eight-hour clinical shifts divided through the other core rotation blocks. Education is supplemented by interactive remote learning sessions and asynchronous assignments. Evaluation Plan: First, we plan to establish the efficacy of this unique clerkship format. We will prove development and progression of acute care skills through consecutive performances on block objective structured clinical examinations (OSCEs) throughout the clerkship year, as well as the National Board of Medical Examiners (NBME) exam. We will demonstrate retention of acute care skills based on feedback from residency program directors compiled in the AAMC Resident Readiness Survey. Then, we will gather narrative feedback to identify the most advantageous aspects of the clerkship format in addition to areas for improvement through a combination of open-ended surveys and virtual interviews with current clerkship students, fourth year medical students, interns, and clerkship faculty. Feasibility: Challenges of incorporating a longitudinal, mandatory, third-year emergency medicine clerkship format include redesign of existing clerkship year schedules, collaboration with other clerkship directors to enable students to attend longitudinal shifts, and potential expansion of current medical student shift opportunities in associated emergency departments. Intended Outcomes: We anticipate that the longitudinal, mandatory, third-year emergency medicine clerkship format will facilitate the development, progression, and retention of acute care skills through the intern year of residency. We also intend to highlight strengths and identify areas of improvement of this clerkship format to further maximize the accumulation of acute care skills. Transferability: Given the demonstrated deficiencies in acute care skills of medical students and residents alike, we hypothesize that the longitudinal, mandatory, third-year emergency medicine clerkship format will provide a comprehensive solution to improve development, progression, and retention of acute care skills.</p>
<p>Julia Wickman</p>	<p>Title: The Impact of a Longitudinal, Mandatory, Third-Year Emergency Medicine Clerkship on Student Interest, Perceptions, and Residency Applications in Emergency Medicine. Author(s): Julia Wickman, Monica Hernandez. Background/Theory and importance in medical education: Since its recognition as a specialty in 1979, emergency medicine has seen a rise in interest from medical students as reflected by an increasing number of residencies that successfully graduate board certified physicians. Although efforts have been made to standardize the way emergency medicine is taught to medical students, there is still significant heterogeneity across undergraduate medical education curricula.¹⁻³ Implementation of longitudinally integrated curricula have been shown to improve development of clinical autonomy, critical thinking, differential diagnosis, and treatment plan skills.^{4,5} As far as we are aware, there are no other longitudinal, mandatory, third-year emergency medicine clerkships like the one at Hackensack Meridian School of Medicine (HMSOM). Our purpose is to examine the impact of a longitudinal, mandatory, third-year emergency medicine clerkship format on interest in, perceptions of, and applications to emergency medicine as a specialty. Design: The Hackensack Meridian School of Medicine presents an innovative approach to medical education. The twelve-month clerkship year is broken down into eight core clerkships,</p>

**Julia Wickman
(continued)**

including a longitudinal emergency medicine clerkship followed by assessment with a standardized advanced NBME assessment. The emergency medicine clerkship requires students to complete a total of 16 eight-hour clinical shifts divided through the other core rotation blocks. Education is supplemented by interactive remote learning sessions and asynchronous assignments. **Evaluation Plan:** We plan to implement a series of surveys to HMSOM students as they progress through the clerkship. A total of three anonymous surveys will be conducted: 1) a survey prior to the start of the clerkship year to capture preexisting conceptions, 2) approximately 6 months into the clerkship year, and 3) at the conclusion of the clerkship year after the standardized NBME exam. The project will focus on clarifying the impact of the clerkship format on four primary outcomes: student perceptions of emergency medicine as a specialty, perceptions of the emergency medicine patient population, interest in emergency medicine, and intent to apply for emergency medicine residency. Additionally, the project will evaluate the impact of five secondary clerkship characteristics on the primary outcomes: student-reported team inclusion, shifts with residents, collaboration with non-physician healthcare professionals, rotation at multiple clerkship sites, and rotation at a community-based emergency medicine site. **Feasibility:** Challenges of incorporating a longitudinal, mandatory, third-year emergency medicine clerkship format include redesign of existing clerkship year schedules, collaboration with other clerkship directors to enable students to attend longitudinal shifts, and potential expansion of current medical student opportunities and shifts in associated emergency departments. **Intended Outcomes:** We anticipate that a longitudinal, mandatory, third-year emergency medicine clerkship format will increase interest in, perceptions of, and applications to emergency medicine as a specialty. **Transferability:** With a growing global population, including proportions of uninsured and underinsured individuals, the demand for emergency medicine physicians will continue to increase. Adoption and implementation of the unique format of HMSOM's emergency medicine clerkship will allow emergency medicine undergraduate medical education to culminate further interest in this specialty and encourage the development of future potential emergency medicine physicians.

Bingo!

Walk around during either poster session on Tuesday, May 13th and learn about the different research and innovation presentations.

After learning from the presenter, ask them to sign off on their square.

Visit at least 5 posters!

Submit your card in the box at the front.

Scan the QR Code and complete the short form to enter the raffle for a prize!
(Drawing will be held on Friday, May 16 and winner will be announced via email!)



2025 AWARD WINNERS

BEST INNOVATION ABSTRACT TRAINEE



Daniella Kay
Student, M3

Abstract: Implementation of the Planetary Health Report Card to Improve Environmental Health Education at HMSOM

Authors: Daniella Kay, Matthew Luebke, Amanpreet Kaur, Jack Cucchiara, Eliana Safer, Lauren Sandberg, Lawrence Rosen

Visit the Poster Sessions
on Tuesday, May 13th
to learn more !

BEST RESEARCH ABSTRACT TRAINEE



Natalia DaFonte
Student, M4

Abstract: Performance of Surgical Residents After Accelerated 3-Year Medical Degree

Authors: Natalia DaFonte*, Catherine Implicito*, Burton Surick, MD, Jeffrey Boscamp, MD, Howard Ross, MD

BEST RESEARCH ABSTRACT TRAINEE



Ruchi Raval
Student, M1

Abstract: Structuring For Success? A Systematic Review Of Structured and Unstructured Peer Learning in Medical School

Authors: Ruchi Raval, Neil Chopra, Bradley Allen, Sreya Mallipeddi, Benyamin Anton, Sukthi Gunda, Minha Kim, Tyler Vidal, Margaret Dreker, MPA, MLS

BEST INNOVATION ABSTRACT FACULTY/STAFF



Dr. Lindsey Dedow
Assistant Dean
Advising and Career
Development

Abstract: Individualized Learning Plan use in Undergraduate Medical Education: Measuring Impact and Success

Authors: Lindsey Dedow, Rachel Cirelli

Congratulations!



Hackensack Meridian
School of Medicine

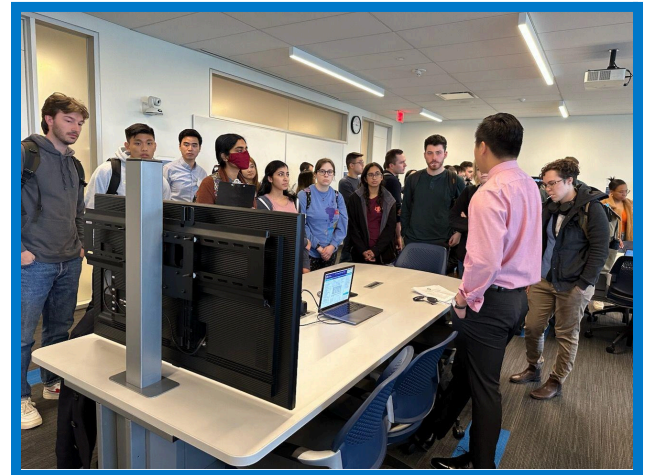
HMSOM MEDICAL EDUCATION WEEK
MAY 12 - 16, 2025

Human Dimension Scholarly Capstone Day Presented by Jonathan & Lizzie Tisch

Human Dimension Capstone Project

Human Dimension Capstone Day is intentionally in the middle of Medical Education Week because it is an important example of how Medical Education can be a powerful force for change.

All students are required to complete a scholarly project - the Human Dimension (HD) Capstone - at the end of the three year longitudinal Human Dimension course.



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



Based on a patient they cared for 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 Scholarly Capstone Day
Presented by Jonathan & Lizzie Tisch
will be held on
May 14, 2025
12:30 PM - 5:00 PM**

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Second Thursday of Every Month
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MedEd Journal Club

Third Wednesday of Every Month
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Visit <https://bit.ly/HMSOMMedSchool> to view more resources!



Thank you
for Attending!

Please share your feedback in the survey that will be
sent to the email you registered with at the end of the week!



Hackensack Meridian
School of Medicine

HMSOM MEDICAL EDUCATION WEEK
MAY 12 - 16, 2025