MEDICAL COLLEGE OF WISCONSIN
8701 WATERTOWN PLANK ROAD
MILWAUKEE, WI 53226

MCW

2018 MCW
INNOVATIONS IN HEALTHCARE EDUCATION RESEARCH CONFERENCE

APRIL 26 | 8:30AM - 4:30PM

MCW.EDU/
INNOVATIONS

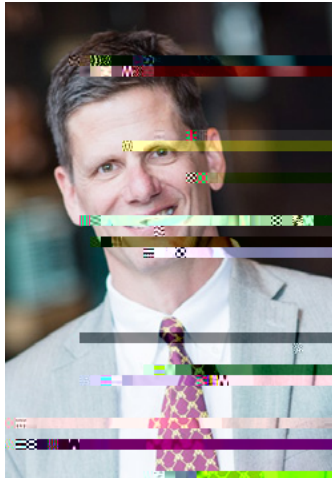KEYNOTE SPEAKER
POSTERS SESSION
PRESENTATIONS

SPONSORED BY THE
MCW DEPT OF
ACADEMIC AFFAIRS

TABLE OF CONTENTS

ABOUT OUR KEYNOTE

John S. Andrews, MD

John Andrews is currently the Associate Dean for Graduate Medical Education, University of Minnesota Medical School and Vice-Chair for Education, Pediatrics. He joined the Department of Pediatrics in July 2006 as the Vice-Chair for Education and Director of the Pediatric Residency Program. In 2012, he was appointed the Associate Dean for Graduate Medical Education in the University of Minnesota Medical School.

Dr. Andrews graduated from the University of Wisconsin Medical School. He completed his internship, residency, and chief residency in pediatrics at the University of Wisconsin Hospital and Clinics. He then completed a fellowship in Academic General Pediatrics at Johns Hopkins. After his fellowship, he joined the faculty at Johns Hopkins in the Division of General Pediatrics and Adolescent Medicine. In 1997 he became Director of Medical Student Education in the Department of Pediatrics at Johns Hopkins. In 2000, Dr. Andrews moved to Auckland, New Zealand to work as a Consultant Pediatrician at Starship Children's Hospital. There he was a member of a multidisciplinary child protection team and was also an Honorary Senior Lecturer in the Department of Pediatrics at the University of Auckland. In 2003, he returned to the United States to become Associate Director of Medical Education and Director of Graduate Education at Children's Hospitals and Clinics of Minnesota.

He sees patients in the Minneapolis Children's Clinic and on the wards at University of Minnesota Masonic Children's Hospital and Children's of MN. His professional interests include humanism in medicine, evidence-based medicine, and medical education.

SCHEDULE

8:30 - 10:30 a.m. On-site Registration/Check-in
Location: Medical Education Building (MEB) Cafeteria Hallway

9:00 - 10:15 a.m. Faculty Development Sessions
Location: Graduate School Classrooms, MEB, M2050 - M2070

- FD1: Developing an Objective Clinical Reasoning Assessment for Medical Students using the Script Concordance Test
- FD2: Survey Design and Execution: Asking the Right Questions to Get the Right Answers

10:30 - 11:45 a.m. Workshops
Location: Learning & Skills West Classrooms, MEB, M2535 - M2585

- W1: But We Don't Have a Room that Big! Innovative Approaches to the Planning Barriers of IPE
- W2: Is That Your Final Answer? Developing, Implementing and Tailoring an Exciting Game Show Education Program
- W3: What can Medical Educators Learn from Engineering Educators: Designing and Aligning Student-Centered Learning

11:45 - 1:15 p.m. Lunch and Keynote
Location: MEB, Kerrigan Auditorium

11:45 a.m.: Lunch pick-up
12:00 - 12:15 p.m.: Welcome and Introduction: Joseph E. Kerschner, MD and William J. Hueston, MD
12:15 - 1:15 p.m.: Keynote: John S. Andrews, MD
> *presented by the Kern Institute for the Transformation of Medical Education*
> "Competency-based Education: Lessons Learned from EPAC"

1:30 - 2:45 p.m. Breakout Sessions

	Breakout 1:Innovations MEB, M2555 - M2565	Breakout 2: Research MEB, M2535-M2585
1:30 - 1:45 p.m.	iOP1: Maatman	rOP1: Treat
1:45 - 2:00 p.m.	iOP2: Suelzer	rOP2: Webb
2:00 - 2:15 p.m.	iOP3: Havens	rOP3: Resch
2:15 - 2:30 p.m.	iOP4: Redlich	rOP4: Graff
2:30 - 2:45 p.m.	iOP5: Thapa	rOP5: Kaupla

	Breakout 3: Pecha Kucha MEB, M2575 - M2585
1:30 - 1:40 p.m.	pOP1: De Roo
1:40 - 1:50 p.m.	pOP2: Wrzosek
1:50 - 2:00 p.m.	pOP3: Cannon
2:00 - 2:10 p.m.	pOP4: Prunuske
2:10 - 2:20 p.m.	pOP5: Harrington
2:20 - 2:30 p.m.	pOP6: Neist
2:30 - 2:40 p.m.	pOP7: Hueston

3:00 - 4:30 p.m. Posters and Refreshments: Announcement of award winners
Location: Learning & Skills East Classrooms, MEB, M2035 - M2085

MAPS

Medical Education Building, Second Floor

Oral Presentations

Workshops

Posters

Faculty Development Sessions

DIGITAL NOTES & EVALUATION

QR Code Reader

Use a QR Code Reader to download this program and the evaluation.

Android

Recommendations for Android QR Code Reader/Scanners - downloads free from Google Play and Android Market to all Android Smartphones:

- Barcode Scanner
- I-Nigma Barcode Scanner

iPhone

Recommendations for iPhone QR Code Reader/Scanners - downloads from the App Store on iTunes:

- QR Reader for iPhone
- Zapper scanner

Conference Program

This conference program is available by scanning the QR code below.

Evaluation

Please complete the conference evaluation by scanning the QR code or visiting the link below.

FACULTY DEVELOPMENT SESSIONS

Time: 9:00 - 10:15 a.m.
Location: Graduate School Classrooms, MEB M2050-M2070

Developing an Objective Clinical Reasoning Assessment for Medical Students using the Script Concordance Test
Leslie Ruffalo, PhD; Karen Hulbert, MD; Robert Treat, PhD; Sabina Diehr, MD; Rebecca Bernstein, MD; Douglas J. Bower, MD

Learning Objectives:
- State the purpose of the SCT-FM as a Competency-Based Assessment (CBA) strategy.
- Describe the content, format and scoring of the SCT-FM.
- Have a draft of 3 SCT questions in their specialty.
- Describe the potential usefulness of the SCT-FM in the larger context of Competency-Based Medical Education for Undergraduate Medical Education at MCW.

Survey Design and Execution: Asking the Right Questions to Get the Right Answers
Kathryn Flynn, PhD; Rachel Cusatis, PhD; Lynn Lewandowski, MS

Learning Objectives:
- Understand survey methodology and how it can be applied to medical education research.
- Be able to develop a survey tool that will engage respondents and provide valid data.
- Learn how to utilize an MCW tool (Qualtrics) to administer surveys.

WORKSHOPS

Time: 10:30 a.m. - 11:45 a.m.
Location: Learning & Skills West Classrooms, MEB M2535-M2585

W1 **But We Don't Have a Room that Big! Innovative Approaches to the Planning Barriers of IPE**
Stefanie George, PharmD, BCPS; Jordan Cannon, MS

Interprofessional Education (IPE) is mandated by accrediting bodies in the majority of health science programs, but integrating IPE into curricula poses challenges which require innovative thinking. In this workshop, participants will be presented common IPE barriers and be challenged to work as a team to think through creative solutions. Participants will walk away with an understanding of how to identify genuine IPE opportunities in their classroom and ideas for what steps to take to move forward with implementation.

W2 **Is That Your Final Answer? Developing, Implementing and Tailoring an Exciting Game Show Education Program**
Erica Chou, MD; Sara Lauck, MD; Michael Weisgerber, MD

This workshop returns for a second year! Years of game show style teaching that has received rave reviews from medical students and residents culminates in this exciting and interactive workshop. Through creating and hosting versions of games such as Family Feud®, Cranium®, Minute to Win It®, and many more, we have expertise that is a veritable "wheel of fortune" to share with the audience. This workshop aims to provide you with the skills and excitement to design and implement your own game show sessions. And that is our "final answer."

W3 **What Can Medical Educators Learn from Engineering Educators: Designing and Aligning Student-Centered Learning Experiences**
Jeff Fritz, PhD; Sandra Pfister, PhD; Sally Twining, PhD; Diane Wilke-Zemanovic, MS

Participants will be introduced to principles learned from a week long course at Olin College of Engineering in Needham, Massachusetts. We will take part in three activities (with handouts and worksheets for completion during the session) that demonstrate the power of the first day of class, application of project-based learning, and aligning student motivation with attainment of learning objectives. Leave this session with ideas to create a robust, multifaceted learning environment.

Breakout 2: Research

1:30 - 1:45 p.m. **rOP1** **Rising M-1 Medical Student Anxiety: Six Years Later with a New Curriculum and Generation of Students**
Robert Treat, PhD; Diane Brown, MS; Koenraad De Roo; William J. Hueston, MD; Amy Prunuske, PhD; Kristina Kaljo, PhD; Jennifer Janowitz, MS; Dawn Bragg, PhD

1:45 - 2:00 p.m. **rOP2** **Global Clinical Performance Assessment versus Checklist Competency-Based Assessment in Determining a Clinical Performance Score**
Travis Webb, MD, MHPE; Jason Crowley, MS; Robert Treat, PhD; Dominic Fee, MD; Bipin Thapa, MD; Marika Wrzosek, MD; Brian Lewis, MD; Kristina Kaljo, PhD; Jason Burns, MD; Sara Lauck, MD; Stylianos Voulgarelis, MD; Rahmouna Farez, MD; Patrick Foy, MD; Joshua Noe, MD

2:00 - 2:15 p.m. **rOP3** **Pediatric Resident Self-Confidence, Not Past Experience, is Correlated with Their Ability to Perform Bag-Mask Ventilation and Endotracheal Intubation**
Joseph Resch, MD, MS; Abby Smolcich, MD; Amanda Rogers, MD; Robert Treat, PhD

2:15 - 2:30 p.m. **rOP4** **The Adaptive Learner: An Analysis of Differing Perspectives Whereby Medical Students Tailor Resources to Advance Learning**
Crystal Graff, BS; Kristina Kaljo, PhD; Robert Treat, PhD; Kathryn Dielentheis, MD

2:30 - 2:45 p.m. **rOP5** **Analyzing the Effect on Faculty Performance after Receiving Custom Student Feedback Reports**
Greg Kaupla; Robert Treat, PhD; Dawn Bragg, PhD; Jose Franco, MD

pOP1 Improving Resilience in Medical Students: Starting the Puzzle with Emotional Intelligence
Koenraad De Roo; Robert Treat, PhD; Diane Brown, MS; Amy Prunuske, PhD; Kristina Kaljo, PhD; William Hueston, MD

pOP2 Develop This! A Pilot Self-Directed Learning Activity for First Year

d LeaminFutu Br

p4P2 ; Kristina Kaljo, P13

p6P2
VarJohnnyiN Krion,LISoo; y Longjo, P13

p7P2 Devel(ninanaAcuteaCampr)92.2eoCourse y folgeomrtin(xiZS)-and PhLear

POSTERS

Time: 3:00 - 4:30 p.m.
Location: Learning & Skills East Classrooms - M2035-M2085
Abstracts: Appear on pages 42-75

iP1   **Chronic Pain in Anesthesia Practice: A Flipped Classroom & Case-Based Educational Initiative**
Gwynne Kirchen, MD, MCW Department of Aneshtesiology; Christopher Howson, MD, BayCare Clinic, Green Bay WI

iP2   **Increasing Pharmacy Students' Knowledge of Medical Interpretation: Early Collaboration with Medical Interpreter Students**

Sue Korek, MAED, MCW School of Pharmacy; Karen MacKinnon, BPharm, RPh, MCW School of Pharmacy; Rodney Ramos, Sr., BS, Milwaukee Area Technical College

iP3   **Entrustable Professional Activities (EPAs): Mapping Performance to Milestones**

Bethany A. Auble, MD, MEd, MCW; Amanda Rogers, MD, MCW; Michael Weisgerber, MD, MS, MCW; Kris Saudek, MD, MCW; Robert Treat, PhD, MCW; Abigail Schuh, MD, MCW; Danita Hahn, MD, MCW

iP4   **Interprofessional Workshop: Preparing Health Profession Students for Conversations about Advance Directives**

Jordan Cannon, MS, Center for Teaching and Learning; Stacy Barnes, PhD, Marquette University, Wisconsin Geriatric Education Center; Susan Breakwell, PHNA-BC, DNP, Marquette University, Institute for Palliative & End of Life Care; Judy Myers, MS, MT (ASCP), MCW

iP5   **A novel course to track medical students' competency progression throughout the third and fourth years of medical school**

Leslie Ruffalo, PhD, MS, MCW Family and Community Medicine; Kathleen Beckmann, DO, MCW; Ankur Segon, MD, MCW; Raj Narayan, MD, MCW; Alexa Dorman, M.Ed, MCW; Michael Lund, MD, MCW

iP6   **Patient safety superheroes: Using a comic book to train residents on patient safety**
Rushi Patel, BS, MCW M2 Medical Student; Kathlyn E. Fletcher, MD, MA, VA Medical Center

iP7   **Using Maintenance of Certification to Promote Advance Directive Discussions in Primary Care**

Edmund Duthie, MD, MCW Medicine (Geriatrics/Gerontology); Judith Myers, MS, MCW;
14   Deborah Simpson, PhD, Aurora Health Care, UW, MCW; Kathryn Denson, MD, MCW; Steven Denson, MD, MCW

iP8 Use of High-fidelity Simulation Mannequin in an Autonomic Nervous System, Interprofessional Education (IPE) Session

Abir T. El-Alfy, PhD, Biopharmaceutical Sciences, School of Pharmacy, MCW; Sue Korek, MAED, MCW; Jessica Vitch, CAA, MCW; Rachel Kavanaugh, PharmD, BCACP, MCW

iP9 Character in Medical Education: Linking the Triple Aim in Health Care to the Medical College of Wisconsin's Triple Aim for Medical Education

Ryan Spellecy, PhD, Kern Institute; Jose Franco, MD, MCW; Joseph Kerschner, MD, MCW; John Raymond, MD, MCW; Cheryl Maurana, PhD, MCW

iP10 Improving junior medical student (JMS) pediatric knowledge and satisfaction with resident teaching using premade teaching resources

Alina Burek, MD, MCW Pediatrics; Kris Saudek, MD, MCW

iP11 Mock Interview Program for M4 Students: Impact on Residency Interview Experience

Alexa Dorman, MSEd, MCW Academic Affairs; Kathleen Beckmann, DO, MCW; Raj Narayan, MD, MCW; Leslie Ruffalo, PhD, MCW; Ankur Segon, MD, MCW; Nai-Fen Su, PhD, MCW

iP12 Finding meaningful experiences for health/social care students through non-traditional IPE

Michael Oldani, PhD, MS, Office of Interprofessional Education - CUW

iP13 Introducing medical students to laboratory professional students and vice versa: An Interprofessional Education Collaboration on laboratory medicine across the 3 MCW campuses

Alexandra Harrington, MD, MT(ASCP), MCW Pathology, Kern Institute; Cecelia W. Landin, EdD, MLS(ASCP), Marquette University; Robert Treat, PhD, MCW, Academic Affairs; Jordan Cannon, MCW and Marquette University, Office of Educational Improvement

iP14 Developing a Faculty Career Development Academy: Achieving Excellence in Teaching and Learning

Alexandra Harrington, MD, Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education, MCW; Kristina Kaljo, PhD, Department of Obstetrics and Gynecology, MCW; Beth Krippendorf, PhD, Department of Cell Biology, Neurobiology and Anatomy, MCW; Bipin Thapa, MD, Department of Internal Medicine, MCW; Diane Wilke-Zemanovic, MS, Kern Institute, MCW; Kerrie Quirk, MEd, Office of Educational Improvement, MCW; Jose Franco, MD, Kern Institute; Cheryl Maurana, PhD, Kern Institute; Bruce H. Campbell, MD, FACS, Department of Otolaryngology, MCW; Robert Treat, PhD, Office of Academic Affairs, MCW

iP16 Incorporating Self-Directed Learning (SDL) Opportunities to Improve the Integration of Reliable Basic Science Evidence into Future Clinical Practices

Johnathon Neist, MLIS, MCW Academic Affairs; Patricia Hurlbut, MSEd, MT, MCW

rP1 **The Relational Structure of Medical Student Values and their Impact on Third-Year Cumulative Clerkship Scores**

Robert Treat, PhD, MCW Office of Academic Affairs; Diane Brown, MS, MCW; Craig Hanke, PhD, MCW; Kristina Kaljo,PhD, MCW; Amy Prunuske, PhD, MCW; Koenraad De Roo, MCW; William J. Hueston, MD, MCW; Dawn Bragg, PhD, MCW

rP2 **Emotional Regulation of Stress in Medical Students to Lower Burnout in New Three-Year Medical Degree Programs**

Robert Treat, PhD, MCW Office of Academic Affairs; Diane Brown, MS, MCW; Koenraad De Roo, MCW; William J. Hueston, MD, MCW; Kristina Kaljo, PhD, MCW; Craig Hanke, PhD, MCW; Amy Prunuske, PhD, MCW; Dawn Bragg, PhD, MCW

rP3 **Analysis of Self-Reported Medical Student Academic Efficiency from Student Traits in New Three-Year Medical Degree Programs**

Robert Treat, PhD, MCW Office of Academic Affairs; Koenraad De Roo, MCW; William J. Hueston, MD, MCW; Kristina Kaljo, PhD, MCW; Diane Brown, MS, MCW; Craig Hanke, PhD, MCW; Amy Prunuske, PhD, MCW, Dawn Bragg, PhD, MCW

rP4 **Perception of Internal Medicine residents regarding writing and presenting case reports**

Pinky Jha, MD, MPH, MCW General Internal Medicine/Hospitalist; Sanjay Bhandari, MD, MCW

rP5 **Perceptions of Fourth Year Medical Students (M4) on Writing and Presenting Case Reports**

Pinky Jha, MD, MPH, MCW General Internal Medicine/Hospitalist; Sanjay Bhandari, MD, MCW

rP6 **Medical Student's "Final Answer:" Game Show Teaching Sessions Well Rated Even After NBME Examination**

Sara Lauck, MD, MCW Department of Pediatrics; Erica Chou, MD, MCW

rP7 **Retrospective Analysis of a Peer Mentorship Program**

Alexandria Ponkratz, MCW M3 Student; Karen Thompson, BS, MCW; Margaret Gallagher, BS, MCW; Sara Lauck, MD, MCW; Erica Chou, MD, MCW; Robert Treat, PhD, MCW

rP8 **Campus Admissions Preferences for Three- and Four-Year Training Programs at MCW**

William Hueston, MD, MCW Family and Community Medicine; Robert Treat, PHD, MCW

rP9 **The Use of Direct Observation and an Individualized Simulation Workshop is Associated with Improved Resident Confidence in Bag Mask Ventilation and Intubation Skills**

Abby Smolcich, MD, MCWAH - Pediatrics; Joseph Resch, MD, Medical College of Wisconsin Affiliated Hospitals; Amanda Rogers, MD, Medical College of Wisconsin Affiliated Hospitals; Robert Treat, MCW

rP10 **Social Network Analysis of First Year Medical Students' Study and Social Connections**

Alexandra Frawley, BS, MCW-Central Wisconsin; Anna Wirta-Kosobuski, PhD, University of Minnesota Medical School- Duluth Campus; Amy Prunuske, PhD, MCW-Central Wisconsin Campus
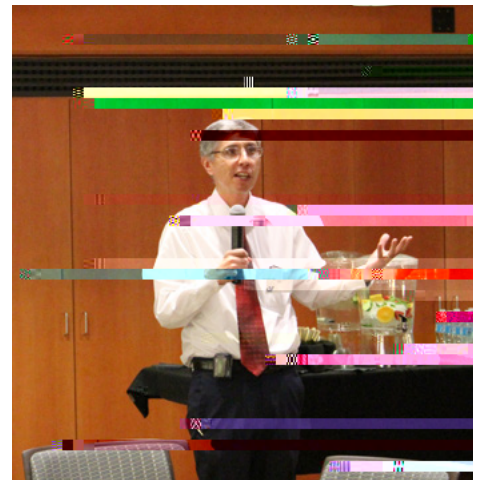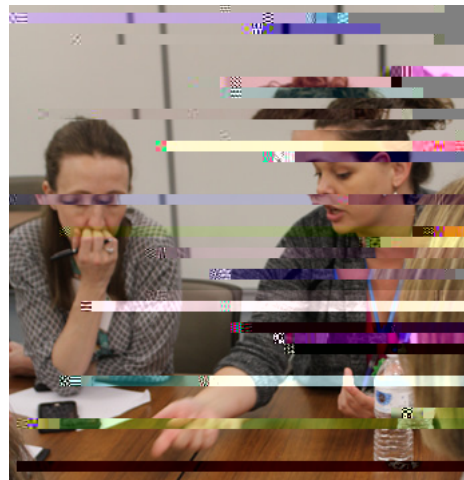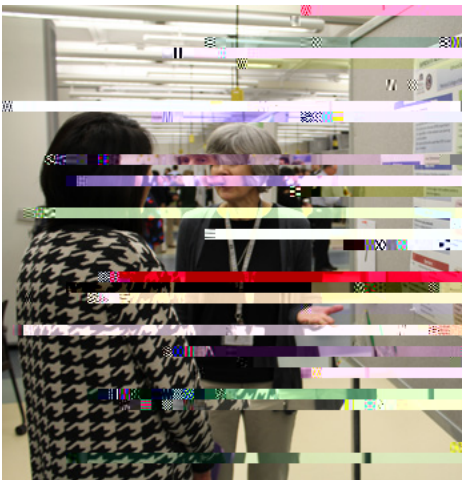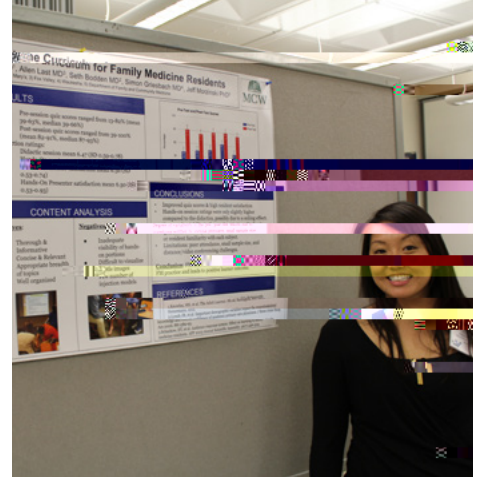
A LOOK BACK AT 2017
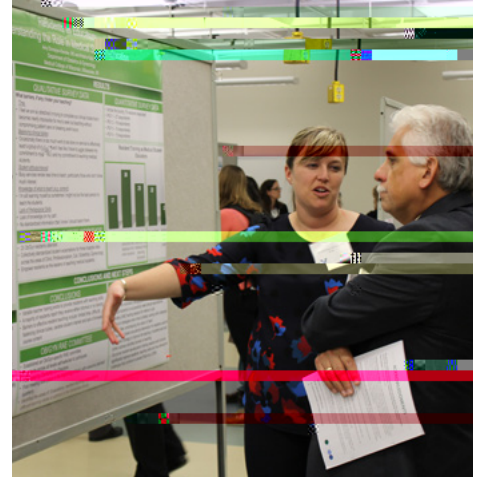
A LOOK BACK AT 2017

CONFERENCES OF INTEREST

2018 Medical Education Conferences		
Conference	**2018 Conference Date**	**2018 Conference Location**
University of Southern California Innovations in Medical Education https://keck.usc.edu/medical-education/	February 24-25	Los Angeles, CA
Central Group on Educational Affairs https://www.aamc.org/members/gea/regions/cgea/	March 21-23	Rochester, MN
International Association of Medical Science Educators http://www.iamse.org/annual-conference/	June 9-12	Las Vegas, NV
Association of Directors of Medical Science Education in Psychiatry http://www.admsep.org/meetings.php	June 14-16	Minneapolis, MN
Association for Medical Education in Europe https://amee.org/conferences/	August 25-29	Basel, Switzerland
Generalists in Medical Education http://www.thegeneralists.org/conference	November 1-2	Austin, TX
Association of American Medical Colleges https://www.aamc.org/meetings/annual/	November 2-6	Austin, TX

ABSTRACTS

ORAL PRESENTATION ABSTRACTS - INNOVATIONS

Innovations Abstracts
An **innovation** abstract is a report on a unique educational experience that has developed enough to provide valuable lessons and insight worth sharing with the medical education community. It is designed to foster scholarly dissemination of novel ideas, methods, or materials in medical education. The focus can be on curriculum, teaching, assessment, or any other aspect of medical training. An innovations abstract summarizes a problem statement, methodological approach, and lessons learned from the study.

iOP1   A stressful picture is worth a thousand words: Using comics to reflect on stress in medical education

iOP2 Library and Instructional Design Methods to Improve Student Information Seeking Skills in Self-Directed Learning

Elizabeth Suelzer, MLIS, MCW Libraries; Johnathon Neist, MLIS, MCW

Presenter Biosketch: Elizabeth Suelzer is the User Education & Reference Librarian at the MCW Libraries and she is a part of the Self-Directed Learning Work Group at MCW. Her professional interests include website design, evidence based medicine, citation management and trends in access to information.

Problem Statement: MCW School of Medicine's 2017-18 academic year featured new self-directed learning (SDL) activities for students in the M1 and M2 curriculum. The SDL activities require learners to conduct an independent identification, analysis and synthesis of relevant information; and appraise the credibility of their information sources. In Fall 2017, students in the M2 Cardiovascular and Renal-Respiratory classes participated in the first formal SDL projects and they received feedback from a librarian on their information seeking behavior as documented by their resource list. Upon the review of the resource lists, it became evident that students need added help in developing skills to find high quality information and to appraise their sources. There is limited time in the medical school curriculum to teach these skills, yet this is a competency that is required of all incoming residents.

Approach: Instructional designers in the Office of Educational Improvement assisted faculty in

iOP4　Faculty Perceptions of a Structured Mentoring Committee for Early-Career Faculty in the Department of Surgery

Philip N. Redlich, MD, PhD, MCW, Department of Surgery, Clement J. Zablocki VA Medical Center; Tracy Wang, MD, MPH, MCW; Terri deRoon-Cassini, PhD, MCW; Robert Treat, PhD, MCW; Marilyn Zarka, MBA, MCW; Patricia Morales, MCW; Michael Zimmerman, MD, MCW; Kellie Brown, MD, MCW, Clement J. Zablocki VA Medical Center; Travis Webb, MD, MHPE, MCW; Gwen Lomberk, PhD, MCW; Ryan Spellecy, PhD, MCW; Brian Lewis, MD, MCW, Clement J. Zablocki VA Medical Center; Mary Otterson, MD, MS, MCW, Clement J. Zablocki VA Medical Center; David Gourlay, MD, MCW; Douglas Evans, MD, MCW

Presenter Biosketch: Dr. Redlich serves as the Division Manager for Surgical Care at the VA. He serves as the Chair of the Department of Surgery Mentoring Committee. His past roles have most recently included Associate Dean for Curriculum and Chief of the Division of Education in the Department of Surgery.

Problem Statement: Faculty are the most important asset of academic departments that must provide guidance, resources, peer support, and professional development opportunities supporting academic success. The cornerstone of success rests with effective faculty mentoring. Multiple studies demonstrate the importance of such mentoring, yet only half of surgical departments have mentoring programs, with most being informal. Our Department of Surgery sought to enhance its mentoring program in 2016 by establishing a formal Mentoring Committee to supplement support provided by the Chair and Division Chiefs. The Committee has broad representation with 11 senior faculty members from 8 Divisions and one member from another MCW department. The goal of this study was to gauge the perceptions of mentoring, in general, by junior faculty and assess the perceived value of the Mentoring Committee meetings through surveys.

Approach: The initiation of Committee meetings was well communicated to the faculty through announcements, presentations and email invitations. Concomitant with its launch in 2016, a questionnaire was sent to all assist. and assoc. professors surveying demographics, perceived components of mentoring, and past mentoring experiences. Asst. professors beyond their first year (BFY) (9) at MCW met with the Committee in the fall and all newly hired (NH) assist. professors (13) met in the spring. The Committee reviewed faculty's current and planned clinical, academic and professional activities while providing feedback, guidance, and support in a 45-60-minute session. Detailed minutes were provided within 2-3 weeks along with a post-meeting survey completed by all faculty who met with the Committee, and asking about demographics, components of the meeting that supported success, and seeking comments.

Lessons Learned: The initial survey was returned by 14/32 (response rate=44%). Highest rated items defining mentoring were: professional development advice (4.6), support in societies (4.5), assisting with research (4.3), and support of scholarly projects (4.1) (Likert scale, 5=most important). Males rated providing advice on work/life balance the lowest (n=7; 2.6) versus a higher rating by females (3.6) (p=ns; Mann-Whitney U-test). The highest rated items identified in the post-meeting survey included: information was valuable (4.7), time allotted was sufficient (4.6), setting was conducive for the meeting (4.5), post-meeting communications were helpful (4.5), and expectations were met (4.4) (5=strongly agree). Pre-meeting materials being helpful was rated higher by NH faculty (4.4 vs 3.4, p=0.004) whereas the meeting time being sufficient was rated higher by BFY faculty (4.9 vs 4.5, p=0.45).

Significance of study: Our structured Mentoring Committee was well received and supported in our Department. Our mentoring process generated interest across MCW in multiple departments. Guidance and support of early career faculty can be achieved through structured mentoring to support faculty academic success.

References: 1. Kibbe MR, Pellegrini CA, Townsend CM, Helenowski IB, Patti MG. Characterization of Mentorship Programs in Departments of Surgery in the United States. JAMA Surg. 2016;151(10):900–906.
2. Doherty GM. Departments of Surgery and Mentorship. JAMA Surg. 2016;151(10):907.
3. Binkley PF and Heather CB. Mentorship in an Academic Medical Center. Am J Med 2013;126:1022-1025.
4. Maisel NC, Halvorson MA, Finney JW, Bi X, Hayashi KP, Blonigen DM, Weitlauf JC, Timko C, Cronkite RC. Institutional Incentives for Mentoring at the U.S. Department of Veterans Affairs and Universities: Associations with Mentors' Perceptions and Time Spent Mentoring. Acad Med.2017;92(4), 521-527.
5. Morrison LJ, Lorens E, Bandiera G, et al. Impact of a Formal Mentoring Program on Academic Promotion of Department of Medicine Faculty: A Comparative Study. Med Teach. 2014;36(7), 608-614.

ORAL PRESENTATION ABSTRACTS - RESEARCH

Research Abstracts
A **research** abstract is a report on a completed empirical investigation that contributes to medical education research and practice, which can include pilot projects, exploratory studies, or even components of larger projects. A research abstract summarizes the major aspects of a project in a prescribed sequence that includes the overall purpose of the study, its basic design, major findings as a result of the analysis, and a summary of interpretations and conclusions.

Indicates an abstract related to the conference theme of competency-based education

rOP1 Rising M-1 Medical Student Anxiety: Six Years Later with a New Curriculum and Generation of Students

Robert Treat, PhD, MCW Office of Academic Affairs; Diane Brown, MS, MCW; Koenraad De Roo, MCW; William J. Hueston, MD, MCW; Amy Prunuske, PhD, MCW; Kristina Kaljo, PhD, MCW; Jennifer Janowitz MS, MCW; Dawn Bragg, PhD, MCW

Presenter Biosketch: Robert Treat, PhD is an Assistant Professor of Emergency Medicine and the Director of Measurement and Evaluation in the Office of Academic Affairs at the Medical College of Wisconsin (MCW).

Background: Medical student anxiety has been linked to poor performance[1], ill-health[2], and gives no indication of abating. In 2010, our institution measured trait anxiety for M-1 medical students across the academic year and determined there was a significant increase between the fall and spring semesters. In 2016, after the completion of a new integrative curriculum and the establishment of two new three-year medical degree programs, the same instrument measured the longitudinal effects of trait anxiety for a new generation of medical students. The purpose of this study is to analyze M-1 medical student trait anxiety across a six-year span and determine its relationship to trait affect and burnout.

Method: In 2010/11, 62 of our 204 M-1 medical students voluntarily completed the Trait Anxiety Inventory for Adults (1=almost never, 4=almost always). In 2016/17, 80 of 260 M-1 medical students completed the anxiety instrument, Positive and Negative Affect Schedule (1=very slightly or not at all, 5=extremely), and the Maslach Burnout Student Scale (1=never, 4= few times per month, 7=every day). Repeated measures analysis of variance and Cohen's d compared differences in mean scores. Pearson (r) correlations and stepwise multivariate linear regressions used for predicting burnout from trait anxiety. IBM® SPSS® 24.0 generated statistical analysis. This research was approved by the institution's IRB.

Results: In 2010/11, M-1 medical student trait anxiety (TA) scores significantly ($p<0.041$) increased from fall (mean (sd) = 34.9 (9.3)) to spring (36.5 (10.6)) semesters. In 2016/17, M-1 medical student TA scores increased from fall (mean (sd) = 38.2 (8.5)) to spring (40.3 (7.2)) semesters. TA scores significantly increased across six years (Cohen's d=.36, $p<0.001$). Emotional exhaustion (alpha=.90) was predicted ($R^2=0.39$, $p<0.001$) by the TA items of not being calm (beta=.3), unable to overcome difficulties (.3), and not being rested (.3). Cynicism (alpha=.90) was predicted ($R^2=0.37$, $p<0.001$) by the TA items of not being satisfied (beta=.3), unable to overcome difficulties (.3), and not being happy (.3).

Conclusions: Medical student trait anxiety increased across the academic year and the six-year span in which curricular changes occurred. The wide bandwidth of trait affect correlations with trait anxiety makes it challenging to understand the emotional multiplex of anxiety and its ability to predict burnout.

Significance: Medical student anxiety continues to rise across the years and will predict student burnout.

References: 1. Walkiewicz M, Tartas M, Majkowicz M, Budzinski W. (2012). Academic Achievement, Depression and Anxiety during Medical Education Predict the Styles of Success in a Medical Career: A 10-Year Longitudinal Study. Medical Teacher, 34 (9), e611-619.
2. Yusoff MS, Abdul Rahim AF, Baba AA, Ismail SB, Mat Pa MN, Esa AR. (2013). The Impact of Medical Education on Psychological Health of Students: A Cohort Study. Psychology, Health and Medicine, 18 (4), 420-430.

rOP2 Global Clinical Performance Assessment versus Checklist Competency-Based Assessment in Determining a Clinical Performance Score

Travis Webb, MD, MHPE, MCW Department of Surgery; Jason Crowley MS, MCW; Robert Treat PhD, MCW; Dominic Fee MD, MCW; Bipin Thapa MD, MCW; Marika Wrzosek MD, MCW; Brian Lewis MD, MCW; Kristina Kaljo, PhD, MCW; Jason Burns, MD, MCW; Sara Lauck, MD, MCW; Stylianos Voulgarelis, MD, MCW; Rahmouna Farez, MD, MCW; Patrick Foy, MD, MCW; Joshua Noe, MD, MCW

Presenter Biosketch: Dr. Webb is the Associate Dean for Curriculum and has been an active leader in the MCW educational mission since his faculty appointment in 2005. He has served as a required M3 clerkship co-director and Associate Program Director for the General Surgery residency program.

Background: The Tdl.aDirB7D, MCWclerkship co- TdaerCBAuffMrim(rzn8 utilizeSur)1]TJCBhlea7.8menurmC

rOP3 Pediatric Resident Self-Confidence, Not Past Experience, is Correlated with Their Ability to Perform Bag-Mask Ventilation and Endotracheal Intubation

rOP5 Analyzing the Effect on Faculty Performance after Receiving Custom Student Feedback Reports

Greg Kaupla, BBA, MCW Academic Affairs - Office of Measurement and Evaluation; Robert Treat, PhD, MCW; Dawn Bragg, PhD, University of South Dakota; Jose Franco, MD, MCW

Presenter Biosketch: Greg Kaupla is a Database Analyst II in Academic Affairs - Measurement and Evaluation where he works to compile, analyze and report data for numerous committees, student groups and other audiences. He also has experience in market research and survey design/programming for groups throughout MCW.

Background: Medical school faculty at our institution have traditionally been given results to student evaluations via an online portal which included basic descriptive statistics (means, standard deviations, sample sizes). In 2015-16, customized faculty reports were created that compared their results to their peers within and across courses which would motivate them to improve performance.[1] The purpose of this study is to analyze medical faculty performance before and after they received customized student feedback reports.

Method: During academic years 2014-15 to 2016-17 first- and second-year medical students in basic science courses evaluated the performance of faculty, lecturers and small group facilitators that taught in these courses. The evaluation required students to rate on a four-point Likert scale (1=strongly disagree/4=strongly agree) how clear/organized the material was, whether major concepts were emphasized, whether readings/handouts supported objectives, how the presenter engaged students, and use of technology to benefit learning.

Results: Faculty in the lower decile of the overall distribution (average of the five items) reported statistically significant (independent t-test, $p < .050$) improvements after receiving customized reports in being clear/organized in presenting material (Cohen's $d=.23$), readings/handouts supported objectives ($d=.22$), actively engaging students in classroom ($d=.39$), and implementing classroom technology to benefit learning ($d=.28$). A strong correlation ($r=0.8$, $p<0.001$) was reported between

Method:

ORAL PRESENTATION ABSTRACTS - PECHA KUCHA

Pecha Kucha Abstracts
PechaKucha™ or "chit-chat" is a presentation style in which 20 slides are shown for 20 seconds each (6 minutes and 40 seconds in total), which keeps the presentations concise and fast-paced. PechaKucha™ Night was created in February 2003 by Astrid Klein and Mark Dytham of Tokyo's Klein-Dytham Architecture to allow young designers to meet, show their work, and exchange ideas. The use of PechaKucha™ is primarily in the fields of design, architecture, photography, art, and creative fields, but also from academia. To gain a wider audience for your PechaKucha™ presentation, you should sign up and submit your presentation to: http://www.pechakucha.org/

pOP2 Develop This! A Pilot Self-Directed Learning Activity for First Year Medical Students

Marika Wrzosek, MD, MCW Department of Psychiatry and Behavioral Medicine

Presenter Biosketch: Dr. Wrzosek continues her second year on faculty at MCW, where she is currently the Director of Medical Student Education for the Department of Psychiatry. She maintains a child and adolescent psychiatry practice at CHW and continues national leadership in the Association for Academic Psychiatry.

Pecha Kucha: Teaching future physicians is a delicate balancing act - with enough space to foster their independent learning but enough structure to ensure they progress along critical competencies and learn to take care of people. Given the emphasis on lifelong learning, educators are challenged to stay relevant to today's students who often seek online sources of knowledge. At the Medical College of Wisconsin, a group of 264 first year medical students participated in a mandatory "self-directed learning" (SDL) activity required for their assessment in a course entitled "Foundations of Human Behavior" (FHB). This PechaKucha delineates the details of this pilot SDL project and shares the trials and tribulations of an ultimately successful learning activity. By weaving in self-assessment, analysis and synthesis of relevant information, and appraisal of sources, this activity supplemented what the required textbook for the course only superficially covered. Requiring students to share information via the completion of a group project as part of the SDL activity solidifies the collaborative nature of modern medicine from the earliest stages of medical school while also subtly paying tribute to peer learning and teaching. Lastly, feedback from the instructor on the independent projects allows for specific input on students' critical thinking skills. Incorporating all components of the Liaison Committee on Medical Education (LCME) SDL standards, this activity was intentionally designed to have students stretch into their slightly uncomfortable independent learning zone by merging with what they naturally want to know - how something they learn in class is clinically relevant. While originally taught to 264 first year medical students, this activity can be easily adapted to wide ranges of topics and students at different stages of learning. This PechaKucha shares this pilot project with fellow scholars and educators.

References: LCME. Function and Structure of a Medical School. March 2017. Accessed online at http://lcme.org/publications/ Feb 27, 2018.

pOP3 A Year in the Life of an Interprofessional Educator Coordinator: Lessons Learned about Training Future Collaborators on the Healthcare Team

Jordan Cannon, MS, MCW Academic Affairs

Presenter Biosketch: Jordan Cannon is the Interprofessional Education Coordinator at the Medical College of Wisconsin and Marquette University. She collaborates with faculty to develop and implement intentional interprofessional programming for students pursuing various degrees in the health sciences.

Pecha Kucha: Driven by accreditation requirements and the desire to produce the most competent young professionals in various health science fields, the conversation surrounding Interprofessional Education (IPE) has become prevalent among health science educators. Many new IPE educators are seeking the "gold standard" for the most effective and efficient implementation of IPE. However, given the unique curricular structure of each institution, success at one school may not yield the same level of success at another school. Regardless, there are best practices to be shared which will help developing teams overcome frequently occurring obstacles. I often say the most important step in IPE is to simply try something for the first time, but best practices are available to guide the process! Meeting time and space are frequently cited barriers to the implementation of IPE in health science curricula. After one year of coordinating IPE efforts between two private academic institutions (one medical school and one research university), I would suggest that the barriers extend much deeper than surface logistics. The development and implementation of genuine IPE activities that truly benefit health science students, requires planning teams to maintain a focused intentionality through the process. This includes continuous checks for alignment with the Interprofessional Education Collaborative's four core competencies, assurance that various student groups are receiving optimal benefit from the proposed program, and appropriate faculty engagement, among others. From initial planning meetings to final assessments, I have had several "a-ha" moments in my first year as an IPE Coordinator shared across two institutions. In sharing my experience and lessons learned with the audience, I hope to provide some insight into best practice to guide you and your team in working towards training the future IPE collaborators on healthcare teams.

pOP4 Impact of Basic Science and Clinical Experience Sequence on Medical Student Performance

Amy Prunuske, PhD, MCW-Central Wisconsin; Robert Treat, PhD, MCW; Jacob Prunuske, MD, MCW-Central Wisconsin

Presenter Biosketch: Amy Prunuske has served as faculty at two regional medical campus and is involved in evaluating outcomes relevant to regional campuses. Her current research interests include citizen science in Lyme disease and engaging medical students in community engaged research.

Pecha Kucha: INTRODUCTION Traditional medical school curricula of two years basic science followed by two years clinical science curricula are being redistributed by curricula with earlier clinical experiences, but there are limited studies that examine the benefits and challenges of this resequencing. The three-year medical program at the Medical College of Wisconsin-Central Wisconsin (MCW-CW) campus provides a rare opportunity to compare student performance with the more traditional four-year curriculum of Milwaukee (MCW-MKE). The purpose of this study is to analyze clinical clerkship experiences begun prior to the second-year basic science curriculum at MCW-CW and after the basic science curriculum at MCW-MKE. METHODS MCW-CW students complete a 10-week integrated clerkship (CWIC1) after year 1 and are summatively evaluated with four Objective Structured Clinical Examinations (OSCE). These same OSCEs are completed by MCW-MKE students during their third-year internal medicine clerkship (after completion of the full basic sciences curriculum). The impact of the year 2 basic science curriculum on clinical performance was assessed by comparing mean OSCE scores of MCW-CW students (N=25) to MCW-MKE students (N=35) using independent t-tests and Cohen's d effect sizes with SPSS 24.0. RESULTS Mean OSCE scores were significantly higher for MCW-CW students for the Abdominal Pain case (Cohen's d=0.68, p<0.011) and Rectal Bleeding case (d=0.53, p<0.049), but significantly higher for MCW-MKE students on the Difficulty Breathing case (d=0.71, p<0.007). No significant difference existed for the Chest Pain case (d=0.30, p<0.247). Analysis of year 2 basic science cumulative percentage scores reported no statistically significant differences (p<.050) between campuses. CONCLUSION Completion of second-year pathophysiology coursework was not necessary for students to perform well on clinical OSCEs suggesting that students are capable of beginning clerkships experiences following their first year.

pOP5 Coming Soon Near You! Kern Institute's Teaching Academy

Alexandra Harrington, MD, MT(ASCP), MCW Pathology Department, Kern Institute; Beth Krippendorf, PhD, MCW; Bipin Thapa, MD, MCW; Diane Wilke-Zemanovic, MS, MCW; Kerrie Quirk, MEd, MCW; Jose Franco, MD; Cheryl Maurana, PhD, MCW; Bruce H. Campbell, MD, FACS, MCW; Robert Treat, PhD, MCW; Kristina Kaljo, PhD, MCW

Presenter Biosketch: Dr. Alexandra Harrington is an Associate Professor in the Department of Pathology and the Kern Institute. She received her medical degree from the Medical College of Wisconsin and did her residency in Pathology and fellowship in Hematopathology at MCW.

Pecha Kucha: Medical school teaching academies have emerged to meet the needs of faculty educators, providing professional development and career advancement opportunities during a time when competing institutional priorities marginalize the importance of teaching.1 Well-established US medical educator teaching academies include the University of California-San Francisco's "Teach for UCSF" and Harvard Macy's Institute's "Program for Educators in Health Professions." Prioritizing the importance of educating our teachers, the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education at the Medical College of Wisconsin (MCW) is creating a faculty teaching academy. We believe our academy will be unique and transformative, emphasizing competence, caring, character, resiliency/well-being, and the entrepreneurial mindset, which includes the promotion of curiosity, connections, and creating value in medical education. It was imperative to listen to the voices and perspectives of MCW faculty across all three campuses to inform the creation of our teaching academy. Results from a mixed-methods analysis of survey and focus group data informed the design of the curriculum, faculty interest in a capstone project, and ultimately the desire to be recognized as leaders in medical education. The Teaching Academy aims to: enhance the skill and satisfaction of faculty as educators, assemble a community of skilled educators to support ongoing curricular revitalization, develop the entrepreneurial mindset as a skillset, and model the importance of competence, character, caring, and resiliency/well-being in medical education. Participants will receive a certificate of completion following satisfactory completion of required coursework and a capstone project in a one-year period. This academy may serve as a model for other national medical school partners. The goal for this PechaKucha is to share the details of the Teaching Academy commencing in summer 2018.

References: 1. Shaw G. (2005). Teaching Academies: Putting the School Back in Medical School. The College of Physicians and Surgeons of Columbia University.

pOP6 Evaluating Medical Student Learning Through the "Draw It to Know It" Visual-Based Educational Software

Johnny Neist, MLIS, MCW Office of Educational Improvement; Roy Long, PhD, MCW

Presenter Biosketch: Johnny Neist is an instructional designer for MCW. He aims to connect students and faculty with the best educational resources, whether it be a scholarly research article they can't find or a digital tool that the never knew they needed.

Pecha Kucha: The 2017-18 MCW-M1 class had a variety of digital study tools at their disposal, many of them free of charge and not required. We were interested in the adoption rate and effectiveness of one of these optional web-based educational tools, Draw It To Know It (DITKI). A learning resource grant from MCW-Academic Affairs provided full optional access to the online DITKI medical modules for the 17-18 academic year. Without any M1 courses requiring the DITKI platform during Fall 2017, we were interested in how many M1 students would voluntarily use DITKI to assist their learning in the Clinical Human Anatomy, Molecules to Cells and Physiology courses. One unforeseen trend from the Fall period was the regionally-based students adopting the DITKI platform at a higher rate than the Milwaukee students. As the Spring 2018 courses began, and instructor promotion of the tool became more explicit, other learning tendencies became evident and those will be showcased in this presentation. This presentation will present some of the trends that DITKI's excellent data dashboard provides. We will demonstrate the range of basic science modules that DITKI offers, as well as the most popularly accessed modules among MCW students. We will demonstrate how students do on self-quizzing, which is available in the program. In addition, we will present how MCW users perform on block exams versus MCW non-users.

POSTER ABSTRACTS

Innovations vs. Research Abstracts	
An **innovation** abstract is a report on a unique educational experience that has developed enough to provide valuable lessons and insight worth sharing with the medical education community. It is designed to foster scholarly dissemination of novel ideas, methods, or materials in medical education. The focus can be on curriculum, teaching, assessment, or any other aspect of medical training. An innovations abstract summarizes a problem statement, methodological approach, and lessons learned from the study.	A **research** abstract is a report on a completed empirical investigation that contributes to medical education research and practice, which can include pilot projects, exploratory studies, or even components of larger projects. A research abstract summarizes the major aspects of a project in a prescribed sequence that includes the overall purpose of the study, its basic design, major findings as a result of the analysis, and a summary of interpretations and conclusions.

Indicates an abstract related to the conference theme of competency-based education

iP2   Increasing Pharmacy Students' Knowledge of Medical Interpretation: Early Collaboration with Medical Interpreter Students

Sue Korek, MAED, MCW School of Pharmacy; Karen MacKinnon, BPharm, RPh, MCW School of Pharmacy; Rodney Ramos, Sr., BS, Milwaukee Area Technical College

Presenter Biosketch: Sue Korek is a Program Manager for Interprofessional Education (IPE) at the Medical College of Wisconsin - School of Pharmacy. Ms. Korek is responsible for leading the development of the IPE program as well as managing the selection and implementation of the IPE sessions.

Problem Statement: Due to limited availability of medical interpreting services at pharmacies, some pharmacists treating limited English proficient (LEP) patients may rely on inappropriate interpretation means (e.g. a patient's family member) rather than a qualified medical interpreter.

Approach: The Medical College of Wisconsin (MCW) School of Pharmacy and Milwaukee Area Technical College (MATC) Medical Interpreter Program designed and developed an innovative interprofessional educational (IPE) session where 51 first-year pharmacy students collaborated with 20 first-year medical interpreter students in a simulation. First, students learned the roles and responsibilities of a medical interpreter and pharmacy. Next, students learned the rules of providing limited English proficient patients access to a qualified interpreter. The simulation centered around a pharmacist obtaining a medication history of a limited English proficient patient and making use of a medical interpreter for interpretation. Afterwards, all students participated in a rich debrief reflecting on the session.

Lessons Learned: As a result of this activity, we learned that the pharmacy students highly valued the opportunity to work with the medical interpreter students early in their education verses after they graduated. Many pharmacy students were unaware that a pharmacist or healthcare worker needed to refrain from using an English-speaking family member. Pharmacy and medical interpreter students both commented they enjoyed the activity and wanted to repeat the simulation again during the year. Another lesson learned during the activity is pharmacy students freely asked medical interpreter students for feedback on their simulation and desired input on how they could improve their performance. Both pharmacy and medical interpreter students commented that there was a greater respect gained after the activity toward the other profession following the activity.

Significance of study: Juckett (2014) states interpreters increase patient satisfaction and improve adherence1. The activity increases the probability of future pharmacists seeing the value of using a medical interpreter (verses a family member), making use of an interpreter and therefore increasing patient satisfaction.

References: 1 (October, 2014). Juckett, G. & Unger, K. Appropriate Use of Medical Interpreters. American Family Physician, 60, 7. Retrieved from https://www.aafp.org/afp/2014/1001/p476.pdf on February 17, 2018.

iP3   Entrustable Professional Activities (EPAs): Mapping Performance to Milestones

Bethany A. Auble, MD, MEd, MCW; Amanda Rogers, MD, MCW; Michael Weisgerber, MD, MS, MCW; Kris Saudek, MD, MCW; Robert Treat, PhD, MCW; Abigail Schuh, MD, MCW; Danita Hahn, MD, MCW

Presenter Biosketch: Bethany Auble is an Assistant Professor of Pediatrics in the division of Pediatric Endocrinology. She is also one of the Associate Program Directors for the Pediatric Residency Program at the Medical College of Wisconsin and the Fellowship Director for the Pediatric Endocrinology Program.

Problem Statement: We sought to evaluate the relationship between two Entrustable Professional Activies (EPAs) and specific subcompetencies (SC) on standard pediatric resident evaluations.

Approach: We conducted a one-year cohort study of resident evaluations which included both EPA3 and ABPmapped SCs in the newborn nursery and EPA4 and ABP-mapped SCs on inpatient teams. A five-point scale with 0.5 increments was used both for EPAs and SC milestone levels (1-5). Pearson correlations were used to assess the relationship between mapped SC and EPAs. Cross tabulation was used to analyze the frequency a given EPA rating back-mapped SSyd specific0 169db to wborn edian to

iP4 Interprofessional Workshop: Preparing Health Profession Students for Conversations about Advance Directives

Jordan Cannon, MS, Center for Teaching and Learning; Stacy Barnes, PhD, Marquette University, Wisconsin Geriatric Education Center; Susan Breakwell, PHNA-BC, DNP, Marquette University, Institute for Palliative & End of Life Care; Judy Myers, MS, MT (ASCP), MCW

Presenter Biosketch: Jordan Cannon is the Interprofessional Education Coordinator at Marquette University and the Medical College of Wisconsin.

Problem Statement: Completion rates for advanced directives (AD) continues to be low, despite the presence of federal and state legislation (IOM, 2015). A systematic review of interventions studies focused on increasing AD completion rates concluded that patient-provider interactions in which patients had the opportunity to ask questions and/or receive assistance completing paperwork significantly increased completion rates (Jezewski et al., 2007). Health profession students must be prepared to have these important conversations and overcome any existing barriers to effective

iP5   A novel course to track medical students' competency progression throughout the third and fourth years of medical school

Leslie Ruffalo, PhD, MS, MCW Family and Community Medicine; Kathleen Beckmann, DO,

iP6   Patient safety superheroes: Using a comic book to train residents on patient safety

Rushi Patel, BS, MCW M2 Medical Student; Kathlyn E. Fletcher, MD, MA, VA Medical Center

Presenter Biosketch: Rushi is a second-year medical student with a talent and enthusiasm for drawing medical comics. His ambition is to find out how drawings and comics can be used as effective learning tools in the practice of medicine.

Problem Statement: The Accreditation Council for Graduate Medical Education's (ACGME) Clinical Learning Environment Review (CLER) process required patient safety training for all residency programs. The challenge is developing formal programming that is both engaging and high yield for the learners. Some institutions are using simulation for patient safety teaching. Unfortunately, the Medical College of Wisconsin residency programs do not have funding to use simulation for this type education.

Approach: We used a comic book based learning tool to highlight patient safety issues. The comic consisted of 5 graphics with 24 specific safety concerns spread across them. The comics together took the reader admission for an elderly patient through sign out and decompensation of the patient. Questions were included with each graphic to prompt the reader to look for safety concerns. This comic book was implemented during the internal medicine intern core skills week. Residents had 15-20 minutes to individually identify all the safety concerns in the comic, followed by an open dialogue where the residents identified the safety hazards as a group. The curriculum was implemented three times to in groups of 16-18 participants.

Lessons Learned: Of the 50 residents who participated in the course 49 filled out the pre-survey and 50 filled out the post survey. 49 (98%) interns found the curriculum either engaging or highly engaging. 42(84%) interns found this curriculum more engaging than their prior patient safety curriculum. 45 (90%) of participants stated they had either enjoyment or high enjoyment of the curriculum. After doing the curriculum 51% of participants were found to have increased their confidence level of identifying patient safety concerns. 65.3% had an increase in their confidence of speaking up about patient safety concerns. When identifying specific safety risks in the comic, the following risks showed a large increase in resident awareness before and after the session: Keeping one bedrail down, Name alerts for similarly named patients, Oxygen tubing properly placed on patient, and restraints properly tied.

Significance of study: Residents had been trained at multiple medical schools and therefore this study represents of a broad range of safety education. This curriculum helped to demonstrate some of the area of training that starting interns are very familiar with as well as some areas that they are unfamiliar with.

iP7   Using Maintenance of Certification to Promote Advance Directive Discussions in Primary Care

Edmund Duthie, MD, MCW Medicine (Geriatrics/Gerontology); Judith Myers, MS, MCW; Deborah Simpson, PhD, Aurora Health Care, UW, MCW; Kathryn Denson, MD, MCW; Steven Denson, MD, MCW

Presenter Biosketch: Dr. Duthie is Professor of Medicine (Geriatrics/Gerontology) and Chief of the Division of Geriatrics/Gerontology. He is a member of MCW's Society of Teaching Scholars. He and his colleagues have been funded the past 20 years to explore enhancing and strengthening geriatrics in medical education.

Problem Statement: Physicians and patients agree that primary care visits are the appropriate place to discuss advance directives (AD) with geriatric patients as it normalizes the discussion. Yet barriers are known to keep AD completion rates low.

Approach: An interprofessional team designed and implemented a three-health care system approved AD focused Maintenance of Certification (MOC) Part IV activity for primary care physicians (PCPs) to meet American Board of Medical Specialists (ABMS) requirements. The activity focuses on PCPs initiation of brief (2-3 min) AD conversations with geriatric patients. The activity was launched at a statewide PCP meeting using a workshop that employed interactive educational strategies (quiz, video analysis, role play). Retrospective "post-post" evaluation focused on workshop processes and outcomes.

Lessons Learned: Eight PCPs completed the session reporting that at baseline the modal number of conversations PCPs initiated each week about ADs was 1/week (range 0 to 10). All participants targeted a minimum 25% increase in AD conversations as the improvement goal. Post workshop evaluation analysis found: 1) improvement among four literature-based barriers to AD discussions in the aggregate of responses; 2) all participants were more likely to initiate conversations with patients about ADs; and 3) 88% (7/8) were "very likely" to recommend the session to a colleague.

Significance of study: Experienced PCPs perceive AD discussions as fraught with barriers. This brief (90 min) interactive AD discussion focused MOC activity minimized perceived barriers and increased primary care physician commitment to increase AD discussions with geriatric patients.

References: 1. Jezewski, M. A., Meeker, M. A., Sessanna, L., & Finnell, D. S. (2007). The effectiveness of interventions to increase advance directive completion rates. J Aging Health, 19(3), 519-536. doi:10.1177/0898264307300198
2. Lum, H. D., Sudore, R. L., & Bekelman, D. B. (2015). Advance care planning in the elderly. Med Clin North Am, 99(2), 391-403. doi:10.1016/j.mcna.2014.11.010
3. Ramsaroop, S. D., Reid, M. C., & Adelman, R. D. (2007). Completing an advance directive in the primary care setting: what do we need for success? J Am Geriatr Soc, 55(2), 277-283. doi:10.1111/

iP8   Use of High-fidelity Simulation Mannequin in an Autonomic Nervous System, Interprofessional Education (IPE) Session

Abir T. El-Alfy, PhD, Biopharmaceutical Sciences, School of Pharmacy, MCW; Sue Korek, MAED, MCW; Jessica Vitch, CAA, MCW; Rachel Kavanaugh, PharmD, BCACP, MCW

Presenter Biosketch: Abir El-Alfy is an Associate Professor of Biopharmaceutical Sciences-Pharmacology. Dr. El-Alfy has experience in teaching medical and pharmacy students. She is a six-time recipient of teacher of the year award and the 2015 Chicago State University Faculty Excellence Award in Teaching.

Problem Statement: Autonomic nervous system (ANS) pharmacology is a core topic in all health care professional curricula. However, it can be a difficult concept for students to fully comprehend,

iP9

iP10 Improving junior medical student (JMS) pediatric knowledge and satisfaction with resident teaching using premade teaching resources

Alina Burek, MD, MCW Pediatrics; Kris Saudek, MD, MCW

Presenter Biosketch: Dr. Alina Burek is a junior faculty in the department of Pediatrics, section of Hospital Medicine.

Problem Statement: At our institution third year medical students reported they would like more formal teaching from pediatric residents. Because residents have many clinical responsibilities, finding time for teaching on wards can be challenging. To address this limitation, we created premade teaching materials for residents to use with their students. Over the course of the 2016-2017 academic year we sought to: 1) improve JMS satisfaction with pediatric resident teaching (as measured by student surveys) by at least 0.5 points (on a 5-point Likert scale), and 2) improve pediatric knowledge score by 10% (as measured by our clinical knowledge test and the pediatric National Board of Medical Examination (NBME)).

Approach: Premade PowerPoints (ppt) covering general pediatric topics were made available to all residents on our educational platform (D2L) to encourage formal teaching. Resident survey indicated the ppt were infrequently used due to lack of awareness of their existence and location. Two interventions were implemented: 1) residents were educated about the ppt, and 2) fliers were placed in resident work rooms. Outcome measures included rating of the JMS satisfaction with resident teaching during their clerkship and average JMS scores on both clinical knowledge test (10 multiple-choice questions based on ppt content) and NBME scores. Process measures included percentage of residents using the ppt pre/post intervention (both self-report and tracking their use on our educational platform).

iP12   Finding meaningful experiences for health/social care students through non-traditional IPE

Michael Oldani, PhD, MS, Office of Interprofessional Education - CUW

iP13

iP14   Developing a Faculty Career Development Academy: Achieving Excellence in Teaching and Learning

Alexandra Harrington, MD, Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education, MCW; Kristina Kaljo, PhD, Department of Obstetrics and Gynecology, MCW; Beth Krippendorf, PhD, Department of Cell Biology, Neurobiology and Anatomy, MCW; Bipin Thapa, MD, Department of Internal Medicine, MCW; Diane Wilke-Zemanovic, MS, Kern Institute, MCW; Kerrie Quirk, MEd, Office of Educational Improvement, MCW; Jose Franco, MD, Kern Institute; Cheryl Maurana, PhD, Kern Institute; Bruce H. Campbell, MD, FACS, Department of Otolaryngology, MCW; Robert Treat, PhD, Office of Academic Affairs, MCW

Presenter Biosketch: Alexandra Harrington, MD, MT(ASCP)CM is an Associate Professor in the Department of Pathology and a Pillar Director (Faculty) in the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education.

Problem Statement: The Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education at the Medical College of Wisconsin (MCW) is creating a faculty career development academy, focused on fostering the triple aim of character, caring, and competence, which will rigorously enhance teaching skills, encourage interprofessionalism, and promote participant resilience and character reflection. Using the principles of adult learning, the curriculum will include core courses (instructional strategies, measurement and evaluation, educational scholarship, and curriculum design) and supplemental topics (generational learning (1,2), interprofessional education (3), health systems science (4), character development (5), and change management) designed to equip educators for innovation. Our study solicited faculty preferences for the career development academy.

Approach: In 11/2017, an eleven-item needs assessment was electronically distributed to 1827 faculty; 307

iP16 Incorporating Self-Directed Learning (SDL) Opportunities to Improve the Integration of Reliable Basic Science Evidence into Future Clinical Practices

Johnathon Neist, MLIS, MCW Academic Affairs; Patricia Hurlbut, MSEd, MT, MCW

Presenter Biosketch: Johnny Neist and Pat Hurlbut are both instructional designers within the Office of Educational Improvement. They love to work with faculty to design the best educational experience that MCW has to offer.

Problem Statement: Healthcare is advancing at an incredible pace, and healthcare providers are expected to constantly scan and filter many sources of information to keep up with these advances. Some students entering clinicals are often prepared to search for peer-reviewed literature efficiently or effectively. To address this gap, we needed to provide training and opportunities to practice this manner of self-directed learning to develop life-long learners that are well prepared to keep up with current basic science evidence to support clinical practices. This challenge led to the development of a longitudinal rubric, based on LCME standard 6.3, to measure progressive improvement in the selection and presentation of supporting evidence for basic sciences and clinical practices.

Approach: An SDL Subcommittee was formed to develop curriculum activities that would develop strong library research skills and opportunities to receive feedback. Further, time within the curriculum should also be provided to share what students have independently learned. Instructional designers worked with a librarian on the committee to develop a rubric which could describe progressive competence in identifying gaps in their knowledge, searching for answers in the literature, and organizing their new knowledge to share among their peers. Faculty then developed various SDL activities, and this rubric helped to ensure that faculty had a consistent measurement across the first two years of basic science courses. The rubric was also consulted in creating new activities as well. To date, seven courses and two scholarly pathways have formally incorporated formalized SDL.

Lessons Learned: Taking these concepts from committee to a reality took a lot of faculty trust: trust in the instructional designers and trust that their students would embrace more active learning. As hundreds of students' projects are assessed, valuable data becomes evident in how they go about

rP2 Emotional Regulation of Stress in Medical Students to Lower Burnout in New Three-Year Medical Degree Programs

Robert Treat, PhD, MCW Office of Academic Affairs; Diane Brown, MS, MCW; Koenraad De Roo, MCW; William J. Hueston, MD, MCW; Kristina Kaljo, PhD, MCW; Craig Hanke, PhD, MCW; Amy Prunuske, PhD, MCW; Dawn Bragg, PhD, MCW

Presenter Biosketch: Robert Treat, PhD is an Assistant Professor of Emergency Medicine and the Director of Measurement and Evaluation in the Office of Academic Affairs at the Medical College of Wisconsin.

Background: Important curricular restructuring at our institution has created two new three-year medical degree programs at separate campuses in which the students are challenged to complete medical school within an accelerated timeline.[1],[2] The objective of this study is to analyze medical student burnout across three- and four-year medical school campuses and its prediction from perceived stress and emotion regulation.

Method: In spring 2017, 119/500 medical students (74 four-year campus/45 three-year campus;76 M-1/43 M-2) voluntarily completed these self-reported electronic surveys: Maslach Burnout Student Scale (1=never, 7=every day), Perceived Stress Survey (1=never, 5=very often); and Trait-Emotional Intelligence to measure emotion regulation (ER, 1=completely disagree, 7=completely agree). Analysis of variance compared differences in mean burnout scores and Cohen's d determined effect size. Pearson correlations (r) and stepwise multivariate linear regressions used for predicting burnout from stress and emotion regulation. IBM® SPSS® 24 generated statistical analysis. This research was IRB approved.

Results: Student burnout scores (alpha=0.90) for the three-year campuses were significantly (d=.43, p<0.034) higher (M (SD)=24.3 (6.1)) than for the four-year campus (21.3 (7.2)). Burnout was correlated with ER (r(117)=.65, p<0.001) and stress (r(117)=-.42, p<0.001). Three-year campus: The significant

rP3   Analysis of Self-Reported Medical Student Academic Efficiency from Student Traits in New Three-Year Medical Degree Programs

Robert Treat, PhD, MCW Office of Academic Affairs; Koenraad De Roo, MCW; William J. Hueston, MD, MCW; Kristina Kaljo, PhD, MCW; Diane Brown, MS, MCW; Craig Hanke, PhD, MCW; Amy Prunuske, PhD, MCW, Dawn Bragg, PhD, MCW

Presenter Biosketch: Robert Treat, PhD is an Assistant Professor of Emergency Medicine and the Director of Measurement and Evaluation in the Office of Academic Affairs at the Medical College of Wisconsin.

Background: Two new three-year medical degree programs at our institution utilize compressed curricular timelines which brings with it the necessity of academic efficiency.[1] Medical students in these programs need to be proficient with their academic resources to avoid performance problems

th2se prog a(and be.chievedr)18.1hcghe4 levelsTj/s wit2ei0eTMedica, necessity of academion1nce piousiens

rP5   Perceptions of Fourth Year Medical Students (M4) on Writing and Presenting Case Reports

Pinky Jha, MD, MPH, MCW General Internal Medicine/Hospitalist; Sanjay Bhandari, MD, MCW

Presenter Biosketch: Dr. Jha is associate professor in the department of GIM/Hospitalist section. She has special interest in medical education and has mentored numerous students and residents in scholarly writings and presentations.

Background: Case report writing can provide a platform for medical students for involvement in scholarly activities and promote their skills in academic research. Nevertheless, there is limited knowledge on the perceptions of medical students regarding case report writing. We aimed to assess the medical students' perceived benefits, challenges, and barriers regarding the process of writing and presenting case reports.

Method: Our study was based on a survey conducted on all fourth year medical students (M4) of Medical College of Wisconsin, Milwaukee, WI. Survey questionnaire were sent through the emails of the respective students and the responses were followed for over a week after which the survey was closed. Responses were obtained on a 5-point Likert scales ('Strongly disagree', 'Disagree', 'Undecided', 'Agree', and 'Strongly agree'). All the questions in the survey were focused on obtaining the students' perceptions on factors facilitating writing/presenting case report, its benefits and the perceived challenges and barriers to writing and presenting case reports.

Results: The survey questionnaire was sent to the total of 225 medical students. Out of them, 91 responded (respon079 xa(arrii40]TJ79 Tdn the7.1 (e for)18 exclu)18 lwac skilrthe stud 225 s and thewaclue forr

rP6   Medical Student's "Final Answer:" Game Show Teaching Sessions Well Rated Even After NBME Examination

Sara Lauck, MD, MCW Department of Pediatrics; Erica Chou, MD, MCW

Presenter Biosketch: Erica Chou, MD and Sara Lauck, MD are pediatric hospitalists and co-created a weekly game show curriculum for M3 students during the inpatient portion of the pediatric clerkship. They have presented a workshop on how to effectively teach using game format at numerous conferences.

Background: Previous study has shown that medical students (M3) perceive game show format educational sessions during the pediatric clerkship to be applicable to education on the wards and shelf exam preparation. However, M3 perceptions of game show session effectiveness following the completion of the pediatric clerkship and National Board of Medical Examiners (NBME) examination have not been measured. The objective of this study is to measure M3's long-term perceptions of the enhancement of game show educational sessions on pediatric NBME exam preparation and clinical knowledge.

Method: M3s rotating on inpatient pediatrics participated in a 1-hour weekly game show teaching session including elements from various games such as "Cranium" and "Who Wants to be a Millionaire." From October 2015-March 2016, an electronic SurveyMonkey survey was sent to M3 students after their NBME pediatric examination and completion of the pediatric clerkship. Survey data was obtained prior to M3 receipt of performance evaluation and grade. Using 3 questions, perceptions of the sessions' influence on NBME exam preparation and clinical knowledge on the pediatric wards was assessed using Chi-square analysis.

Results: Forty-one of total 97 surveys were completed. Among respondents, 87.8% and 85.4% agreed or strongly agreed that "game show sessions significantly enhanced…" "…my NBME shelf preparation" and "…my clinical knowledge on the pediatric wards," respectively, with single sample chi-square analysis suggesting significantly higher rates of agree or strongly agree response compared to disagree or strongly disagree ($p<0.001$). Among respondents, 26.8% and 17.1% felt the game show sessions were most helpful for NBME exam preparation and clinical knowledge respectively, while 56.1% felt they were helpful for both aspects of the pediatric rotation.

Conclusions: Following completion of the pediatric clerkship, M3 students perceive game show educational sessions to have enhanced their NBME exam preparation and clinical experience. Further studies could be completed to assess objective measures of educational enhancement of game show format teaching.

Significance: Since medical students perceive game show format teaching to be useful, this teaching format can be used as an effective way to engage learners in the healthcare setting.

rP7

rP9   The Use of Direct Observation and an Individualized Simulation Workshop is Associated with Improved Resident Confidence in Bag Mask Ventilation and Intubation Skills

rP11   Do Medical Students Sleuth? Additional Validity of Patient- and Family-Centered Rounds Tool in Rating Presenter Empowerment Actions of Medical Students and Interns

Sarah Vepraskas, MD, MCW Department of Pediatrics; Jennifer Hadjiev, MD, MCW; Sara Lauck,

rP12 First-Year Medical Resident Perceptions of Patient-Centered, Humanistic Aspects of a New Medical School Curriculum

Greg Kaupla, BBA, MCW Academic Affairs - Office of Measurement and Evaluation; Robert Treat, PhD, MCW; Dawn Bragg, PhD, University of South Dakota; Jose Franco, MD, MCW

Presenter Biosketch: Greg Kaupla is a Database Analyst II in Academic Affairs - Measurement and Evaluation where he works to compile, analyze and report data for numerous committees, student groups and other audiences. He also has experience in market research and survey design/programming for groups throughout MCW.

Background: Retrospective examination of the patient-centered, humanistic aspects of a medical school curriculum is important to instruct future program improvements for next-generation learners. After the first year of resident medical training, interns are situated in an ideal timeframe to provide feedback to their medical school through self-reported surveys of their undergraduate curriculum.[1],[2] The purpose of this study is to analyze medical resident perceptions of their medical school education prior to and following the implementation of a new integrative medical school curriculum with enhanced early clinical experiences.[3]

Method: From 2008-16, MCW graduates were asked to voluntarily complete a graduate follow-up survey during the end of their first year of residency. Comparisons of residents were made between graduates of the traditional curriculum (N=311) and new Discovery curriculum (N=56). The evaluation asked residents to rate aspects of their medical training on a six-point Likert scale (1=did not experience/6=almost all of the time). Independent t-tests and Cohen's d effect sizes were used to compare mean differences between residents of the two curricula. Pearson correlations (r) and stepwise multivariate linear regression models were used to determine associative strength of predictors to outcomes.

Results: Significantly higher resident scores (d=0.35, p<0.001) in teaching a patient-centered approach to patients that respected their humanity were reported in the new Discovery curriculum (mean (sd)=5.27 (.67)) than the traditional curriculum (5.00 (.85)). Scores were also significantly higher (p.001) for the Discovery curriculum for the following items: providing understanding of the social, psychological, economic and cultural aspects of medicine [4.96 (.79) vs. 4.60 (.96), d=0.41]; A significant correlation (r=0.7, p<0.001) was reported between resident satisfaction and curriculum preparation. Inter-item reliability was alpha=0.93.

Conclusions: These findings provide analytical evidence that there were more favorable perceptions of the integrative Discovery curriculum by medical residents who completed their medical school education after its implementation.

Significance: Integrative medical school curricula provided higher levels of basic science knowledge and skills in empathetic, personalized care which predicted medical school graduate preparation and satisfaction.

References: [1] Eyal L, Cohen R. (2006) Preparation for clinical practice: a survey of medical students' and graduates' perceptions of the effectiveness of their medical school curriculum. Med Teach; 169
[2] Joo, Pablo MD; Younge, Richard MD, MPH; Jones, Deborah MD, MPH; Hove, Jason MD; Lin, Susan DrPH; Burton, William PhD (2011) Medical Student Awareness of the Patient-centered Medical Home Society of Teachers of Family Medicine (STFM)
[3] Pangaro Louis, MD. (2011) The Role and Value of the Basic Sciences in Medical Education: The Perspective of Clinical Education - Students' Progress from Understanding to Action International Association of Medical Science Educators

rP13 Delivering Feedback to Residents Using a Documentation Assessment Tool

Danita Hahn, MD, MCW Pediatrics; Julie Kolinski, MD, MCW; Heather Toth, MD, MCW; Michael Weisgerber, MD, MS, MCW; Caitlin Pilon, BA, MCW; Amalia Wegner, MD, MCW

Presenter Biosketch: Dr. Hahn completed medical school, as well as her pediatric residency and chief residency, at MCW. She is currently an Assistant Professor in the Department of Pediatrics and the Section of Pediatric Hospital Medicine. She is also an Associate Program Director for the Pediatric Residency Program.

Background: Feedback is a crucial element of resident education, and Pediatric Hospital Medicine (PHM) faculty strive to provide feedback to residents amidst multiple barriers. The use of a standardized tool to provide focused feedback on inpatient resident progress notes can make this process easier for faculty while providing a framework to improve the quality of feedback on documentation.

Method: The objectives of our study were to: 1) provide frequent, high quality faculty feedback on resident progress notes using a standardized tool, the Physician Documentation Quality Instrument 9-item version (PDQI9), 2) evaluate PHM faculty's perceived ease and effectiveness of this tool, and 3) analyze faculty clinical teaching evaluation scores before and after initiation of this process.

Results: Faculty were surveyed from February to December 2016 resulting in 45 responses (75% return rate). Survey data indicated that 62% of faculty gave feedback, with 73% spending 10

rP14   Assessing Second Victim Syndrome among Emergency Medicine Physicians

Alicia Pilarski, DO, MCW; Morgan Schwoch, MSIII; Ramin Tabatabai, MD

Presenter Biosketch: Alicia Pilarski, DO is an Associate Professor for the Department of Emergency Medicine.

Background:

rP16   Medical School Surgical Boot Camps and Suturing Skills: Is there a benefit?

Justin P. Dux, MD, MCW Surgery; Robert McMillan, MD, MCW; Philip Redlich, MD, PhD, MCW; Robert Treat, PhD, MCW; Matthew Goldblatt, MD, MCW; Thomas Carver, MD, MCW; Christopher Dodgion, MD, MSPH, MBA, MCW; Zane Prewitt, MD, MCW; Jacob Peschman, MD, MCW; Christopher Davis, MD, MCW; Jeremy Grushka, MDCM, MSc, McGill University Health Centre; Theresa Krausert, MCW; Brian Lewis, MD, MCW; Michael Malinowski, MD, MCW

Presenter Biosketch: Justin P. Dux, MD is a 4th year resident in the General Surgery Residency Program at the Medical College of Wisconsin. He received an undergraduate degree in Biomedical Engineering from Marquette University and completed medical school at the Medical College of Wisconsin.

Background: The transition from medical school to residency can be difficult and M4 surgical boot camps are designed to improve preparedness of students entering residency. We have previously reported a benefit of boot camps on suturing skills of incoming residents at our institution and now report on a second cohort. Our goal was to evaluate the impact of boot camps on intern suturing skills when measured during surgical residency orientation.

Method: 27 interns completed questionnaires over two-consecutive years. In June of 2016 and 2017, interns were evaluated on suturing (18 one-point items), knot tying (16 one-point items), overall performance (1 five-point item), and quality (1 five-point item) by three surgeons, blinded to the questionnaire results, using modified assessment forms published by the APDS/ACS for OSATS and global rating evaluation. Descriptive statistics are reported with means (Mn) and standard deviation (s). The association of skills is reported with Spearman rho (SpR) correlations and inter-rater reliability determined by intraclass correlation coefficients (ICC). Analysis generated with IBM® SPSS® 24.0.

Results: Over two years, 16 of 27 (59%) interns reported boot-camp training. In 2016, 6 of 12 interns with training had higher suturing scores. Scores in knot tying, overall performance, and quality did not reach statistical significance. In 2017, 10 of 15 interns with boot-camp training demonstrated no statistical difference in suturing, knot tying, overall performance, and quality. When analyzed in aggregate, scores in suturing, knot tying, overall performance, and quality demonstrated no statistical significance. There was significant correlation in all skill evaluations (SpR range=0.63-0.90), $p<0.001$) and ratings were consistent (ICC(2,1)=0.24-0.60, $p<0.030$).

Conclusions: Surgical interns that reported M4 boot-camp training prior to residency did not demonstrate a statistically significant advantage in suturing skills compared to those that did not have M4 boot-camp training. Further study is warranted to evaluate the benefit of boot camps on suturing skills of incoming surgical residents.

Significance: Surgical boot camps for senior medical students are designed to increase the clinical and technical competence of incoming interns. Further evaluation is needed to evaluate the benefit of boot camps.

rP17   Patient At Risk: Emergency Medical Service Providers' Opinions on Improving an Electronic Emergency Information Form for the Medical Care of Children with Special Health Care Needs in Wisconsin

Quinn Piibe, BA, MCW; Erica Kane, CHES, MPH, Children's Health Alliance of Wisconsin; Marlene Melzer-Lange, MD; Kathleen Beckmann, DO

Presenter Biosketch: Quinn Piibe is currently a second year medical student at the Medical College of Wisconsin doing EMS research. He has worked with Dr. Kathleen Beckmann and Children's Health

rP18

rP19   Increasing Resident Pager Triage Education and Autonomy

Sarah Bauer, MD, MCW/CHW Pediatric Hospital Medicine; Caitlin Kaeppler, MD, MCW/CHW; Kavi Madhani, MD, MCW/CHW; Vanessa McFadden, MD, PhD, MCW/CHW; Rachel Weigert, MD, MCW/CHW; Kelsey Porada, MA, MCW

Presenter Biosketch: Sarah Bauer is a pediatric hospitalist at Children's Hospital of Wisconsin. She did her residency at the Medical College of Wisconsin and took on her hospitalist position in August 2016. She saw a need for structured pager triage training in residency and developed this project.

Background: Pediatric residents at MCW do not receive skill-building opportunities on pager triage for inpatient admissions. Yet by the time they become attending physicians, they are expected to be competent in triaging patients to appropriate hospital resources.[1] Medical education researchers have