

16th Annual John McCahan Medical Campus Education Virtual Conference

May 26 - 27, 2021



Showcasing Educational Innovation and Scholarship on the Boston University Medical Campus

Theme: Teaching Self-Directed Learners in Times of Uncertainty and Change

> School of Medicine Graduate Medical Sciences School of Dental Medicine School of Public Health

Dr. John F. McCahan served as the Associate Dean for Academic Affairs at Boston University School of Medicine from 1976 until 2006. From November 2003 through May 2005 he also led the School of Medicine as the Acting Dean.

Dr. McCahan received his B.A. and M.D. degrees from the University of Pennsylvania. He subsequently trained in internal medicine at the Upstate Medical Center, Pennsylvania Hospital and Guy's Hospital, London. Following two years of service in the United States Public Health Service at the National Communicable Disease Center in Atlanta, he joined the staff at Lincoln Hospital in the Bronx and the faculty at Albert Einstein College of Medicine. He was appointed Director of the Department of Medicine at Lincoln Hospital in 1972. During this period, Dr. McCahan was centrally involved in student and post-graduate training programs and became particularly



invested in the care of the poor and the provision of health care services to underserved populations.

Following his recruitment to Boston University in 1975 as Associate Professor of Medicine, Dr. McCahan continued clinical practice with underserved populations through the Home Medical Service (now the Geriatrics Home Service). He was a regular preceptor of fourth-year students on home visits to frail elders. He developed a teaching program in family medicine and became a Professor of Family Medicine following the establishment of that department in 1997.

After his appointment as Associate Dean for Academic Affairs in 1976, Dr. McCahan oversaw numerous revisions and reforms of the M.D. curriculum. He guided a major change in curriculum governance and chaired the Medical Education Committee, created in this reorganization. Throughout his career, he had a particular interest in the patient-doctor interaction and the teaching methodologies that resulted in effective clinical skills. He has actively taught, studied, and administered a variety of educational formats from large group lectures to one-on-one teaching, feedback, and evaluation. In recognition of his excellence as an educator, Dr. McCahan received the Frederick Jackson Teaching Award and faculty membership in Alpha Omega Alpha.

In addition to serving as chairman of numerous administrative and educational committees, Dr. McCahan was the principal investigator of several grants and contracts, including a PHS-BHP Grant to Establish a Department of Family Medicine; a PHS-BHP Predoctoral Training Grant in Family Medicine; and a Community Partnerships with Health Professions Education Initiative, W.K. Kellogg Foundation. He served as Boston University School of Medicine liaison and author of the Boston section of a plan for a statewide Area Health Education Center program. Throughout the years' he earned the admiration of his colleagues for his ability to articulate and implement a clear vision of modern medical education.

Boston University Medical Campus Office of the Dean and Provost

72 East Concord Street, L103 Boston, Massachusetts, 02118-2526 T 617-358-9600 F 617-358-9502 busmdean@bu.edu Karen Antman, M.D. Provost, Medical Campus Dean, School of Medicine Professor of Medicine



Dear Colleagues,

Welcome to the *virtual* 16th annual John McCahan Medical Campus Education Day. Dr. McCahan served as distinguished Associate Dean for Academic Affairs at Boston University School of Medicine for 30 years, and then as Dean from 2003 to 2005. We are pleased to celebrate Boston University medical campus educators with a day of stimulating speakers, workshops, and innovative ideas to inform and inspire.

Our keynote speaker this year, Dr. Angelique C. Harris is the Director of Faculty Development at Boston University Medical Campus and Director of Faculty Development and Diversity in the Department of Medicine at the Boston University School of Medicine. Dr. Harris works to design, implement, and lead innovative programs and initiatives aimed at providing and promoting more equitable learning and working environments for faculty, staff, and students. An applied medical sociologist, Dr. Harris' research examines health, wellness, and resilience within marginalized communities and her areas of research expertise are in race and ethnicity, gender and sexualities, health and illness, social movements, cultural studies, and urban studies. More specifically, her research studies how groups construct health issues and how the marginalization and stigmatization they experience impact their access to resources. Dr. Harris has authored and co-authored dozens of books, articles, and essays, including the books *Queer People of Color: Connected but Not Comfortable* (Lynne Rienner, 2018) and the *Intersections of Race and Sexuality* (Palgrave Macmillan, 2017) book series

Other virtual oral presentations on John McCahan day will cover a variety of topics to engage our educators in reevaluating how we teach, test and assess students, educational models and methods.

Come, connect and enjoy the dialogue with your colleagues.

Sincerely,

Karen H. Antman, M.D. Dean, Boston University School of Medicine Provost, Boston University Medical Campus

ACKNOWLEDGMENTS

John McCahan Medical Campus Education Day is an initiative of the Medical Education Committee (MEC), supported by Provost and Dean Karen H. Antman, M.D. The MEC acknowledges with appreciation the work of the following faculty and staff who have contributed to the planning of this event:

The John McCahan Medical Campus Education Day Planning Committee:

Co-Chairs	Michael LaValley (SPH) Elaine Lee (MED) Yoshiyuki Mochida (GSDM) Jonathan Wisco (GMS)
Department of Medical	Hee-Young Park (Professor and Chair)
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Educators	Jonathan Wisco (Anatomy & Neurobiology) Aaron Young (Physiology)	
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The McCahan Day Planning Committee also wishes to give special thanks to: Liz Jenkins and A'Llyn Ettien from the Alumni Medical Library for putting together the visual abstract templates

The Planning Committee acknowledges with appreciation the support from the following offices that have made this meeting possible:

Division of Continuing Education, Boston University Goldman School of Dental Medicine Graduate Medical Sciences, Boston University School of Medicine Graduate Medical Education, Boston Medical Center Office of the Dean, Boston University Goldman School of Dental Medicine Office of the Dean, Boston University School of Medicine Office of Medical Education, Boston University School of Medicine Office of Student Affairs, Boston University School of Medicine Office of the Dean, Boston University School of Medicine Office of the Dean, Boston University School of Medicine Office of the Dean, Boston University School of Public Health BUMC IT, Educational Media Alumni Medical Library

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16th Annual John McCahan Medical Campus Education Virtual Conference

Schedule of Virtual Events

Theme: Teaching Self-Directed Learners in Times of Uncertainty and Change

Wednesday, May 26th

12:00-12:10 p.m.	Welcome Karen Antman, M.D. Provost, BU Medical Campus <u>LINK</u>		
12:10-12:15 p.m.	Introduction of Keynote Speaker		
12:15-1:45 p.m.	Keynote Address Socially Just Teaching/Socially Just Learning: Incorporating Diversity, Equity, Inclusion, Belonging, and Justice into Medical and Graduate Education Discourse Angelique C. Harris, Ph.D. LINK		
1:45-2:00 p.m.	Q&A with Angelique C. Harris LINK		
2:00-2:15 p.m.	Vendor Spotlight: ExamSoft Supporting Medical Education Through Technology Meeting ID: 961 6126 8475 Password: McCahan21 LINK		
2:15-3:30 p.m.	Workshop A The Virtual Preceptor: How Micro-skills Can Make You a More Effective Teacher Meeting ID: 967 4317 9120 Password: McCahan21 LINK Workshop B "Flip the Switch" on the Classroom and on the Faculty- Student Collaboration Meeting ID: 965 1383 2848 Password: McCahan21		

3:30-3:45 p.m.	Vendor Spotlight: ELMO USA The Role of Visual Reinforcement in Education Meeting ID: 938 3881 1483 Password: McCahan21 LINK		
3:45-5:00 p.m.	Workshop C The Pandemic Pivot: Responsive Educational Activities During the COVID-19 Pandemic at SPH Accomplishments, Lessons Learned, Going Forward Meeting ID: 976 7297 0122 Password: McCahan21 LINK		

Wednesday, May 26th Evening Abstract Sessions 6:00-7:00pm

Attendees are encouraged to visit multiple presentations, interact with presenters, and ask questions! Detailed schedule and links provided on the following pages.

- Room 1: Service-Learning and Near-Peer Teaching
- Room 2: Curriculum: Undergraduate Medical and Dental

Room 3: Curriculum: Graduate Medical

ROOM 1: Service-Learning and Near-Peer Teaching

Moderators: Afsheen Lakhani and Hee-Young ParkMeeting ID 959 7350 3901Password: McCahan21LINK

6:00-6:10	Carolyn Wilson	Adapting the Parkinson's Partners Service-Learning Group due to the COVID-19 Pandemic
6:10-6:20	Swetha Tummala	Hope for the Future: Embedding 529 College Savings Accounts in Pediatric Care
6:20-6:30	Ke Zeng	ICM: A Virtual Healthcare Exposure Program Led by Near-Peer Instructors
6:30-6:40	Divya Satishchandra, Berit Lindell, and Kirsten Mojziszek	Interdisciplinary Students Lead THRIVE COVID Call Center to Support Patients with Social Needs
6:40-6:50	Aliyah Gaines	Perceived Barriers for Entry into Medical Training by Under-represented Public High School Students
6:50-7:00	Q&A with Panelists	

ROOM 2: Curriculum: Undergraduate Medical and Dental

Moderators: David Flynn and Yuki Mochida

Meeting ID 969 2949 2798 Password: McCahan21 LINK

6:00-6:10	Ana Keohane and Gladys Carrasco Roman	A New Treatment Approach Utilizing CAD/CAM Restorations for Endo-Treated Permanent Anterior and Posterior Teeth in Pediatric Patients: A Case Report
6:10-6:20	Sabra Jones	A Review of Existing Forensic Laboratory Education Research and Needs Assessment
6:20-6:30	Tulsi Mali	Factors Influencing Student Career Plans after Dental School
6:30-6:40	Emily Cetrone	No Place Like Home: The Value of Geriatric House Calls for Medical Education
6:40-6:50	Vavara Blidman and Ana Zea	Students Perceptions on the use of e-Portfolios to Assess Progress Towards Competency in Self- Assessment and Critical Thinking
6:50-7:00	Q&A with Panelists	Ű

ROOM 3: Curriculum: Graduate Medical

6:50-7:00 Q&A with Panelists

Moderators: Maura Kelley and Kathleen Swenson

Meeting ID 963 8581 5306 Password: McCahan21 LINK

6:00-6:10	Adam McFarland and Amanda Horn	"Escape the Trauma Room" - A Simulated Learning Experience
6:10-6:20	Alaina Geary	3 Year Evaluation of a Resident-as-Teacher Program for General Surgery Residents
6:20-6:30	Erin Kim	Building Entrustability to Facilitate General Surgery Teaching Assistant Cases
6:30-6:40	Tyler Delaurentis, Shaina Jaeger, Brian Li, and Gregory Colton Niblack	Dental and Graduate Student Inter-professional Mentoring Program Promotes Community Building, Communication and Academic Skills
6:40-6:50	Sophie Godley	Best Practices During a Global Pandemic: Developing a Culture of Caring in our Classrooms

16th Annual John McCahan Medical Campus Education Virtual Conference

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Theme: Teaching Self-Directed Learners in Times of Uncertainty and Change

Thursday, May 27th

12:00-12:50 p.m.	Education Innovation Panel Meeting ID: 968 2380 2213 LINK	Password: McCahan21
12:50-1:10 p.m.	Faculty Educator Awards Meeting ID: 968 2380 2213 LINK	Password: McCahan21
1:10-1:15 p.m.	Abstract Awards Meeting ID: 968 2380 2213 LINK	Password: McCahan21
1:15- 1:30 p.m.	Vendor Spotlight: Wolters Klu Firecracker Classroom Meeting ID: 923 5480 3517 LINK	uwer/LWW/Firecracker Password: McCahan21
1:30-1:45 p.m.	Vendor Spotlight: 3D4 Medica Meeting ID: 948 2655 0479 LINK	al/Elsevier/Complete Anatomy Password: McCahan21
1:45-2:00 p.m.	Vendor Spotlight: eValue by I How eValue Can Support Your Meeting ID: 930 9190 2618 LINK	MedHub <i>Program Goals</i> Password: McCahan21
2:00-3:15 p.m.	Workshop D <i>Micro-aggressions in the Classi</i> Meeting ID: 919 3272 5203 LINK	<i>room</i> Password: McCahan21
	Workshop E Integration of Point-of Care Ultr Meeting ID: 954 5561 1935 LINK	asound in Pre-clinical Medical Education Password: McCahan21

3:15-3:30 p.m.	Vendor Spotlight: Primal Pictures 30 Years of 3D Anatomy Solutions that Educates, Engages & Inspires Meeting ID: 973 1183 1986 Password: McCahan21 LINK	
3:30-3:45 p.m.	Vendor Spotlight: Elsevier Author Workshops for Getting Published in Academic Literature Meeting ID: 953 6885 2680 Password: McCahan21 LINK	
3:45-5:00 p.m.	Workshop F <i>There's No Such Thing as a Bad Publication: Or is There?</i> Meeting ID: 976 1082 6471 Password: McCahan21 <u>LINK</u>	

Thursday, May 27th Evening Abstract Sessions 6:00-7:00pm

Attendees are encouraged to visit multiple presentations, interact with presenters, and ask questions! Detailed schedule and links provided on the following pages.

Room 1: COVID-19 and Technology

Room 2: Professional Development and Wellness

ROOM 1: COVID-19 and Technology

Moderators: Jonathan Wisco and Jana Mulkern Meeting ID 990 8773 0173 Password: McCahan21 LINK

6:00-6:10	Dustin Lin	Effectiveness of Medical Gross Anatomy Pedagogical Tools for Teaching During the COVID- 19 Pandemic
6:10-6:20	Simran Grover	Harnessing the Power of 3D Printing as an Educational Tool
6:20-6:30	Shravya Budidi	Advance Care Planning in the COVID-19 Era
6:30-6:40	Humzah Mahmood	Perceptions of GSDM Faculty and Students Due to the COVID-19 Pandemic: Measuring the Impact of Digital Learning on Dental Education
6:40-6:50	Senila Yasmin, Amanda Okaka, and Debbie Olawuyi	Using Education Technology to Train Medical Volunteers in the COVID-19 Era
6:50-7:00	Q&A with Panelists	

ROOM 2: Professional Development and Wellness

Moderators: Maura Kelly and Hee-Young ParkMeeting ID 996 4006 7794Password: McCahan21LINK

6:00-6:10	Daniela del Campo	Creating Leadership and Education to Address Racism (CLEAR): An Enrichment Series
6:10-6:20	Madhura Shah and Bita Naimi	Professionalization of Medical Education in Minority Languages to Prevent Misuse of Limited Language Skills and ad hoc Interpretation
6:20-6:30	Theresa Davies	Team Debate: A Novel Pedagogical Approach to Promote Ethical and Professional Development and Clinical Competency
6:30-6:40	Megan Alexander	Integrating Nutrition, Physical Activity, Emotional Wellness, and Sleep into Medical Training: Progress from the 'Nutrition, Metabolism, and Lifestyle' Vertical Integration Group (NML VIG)
6:40-6:50	Sehar Resad	The Use of Personality Assessment in Mentoring and to Aid in Self Reflection in Orthopedic Surgery Residency Programs
6:50-7:00	Q&A with Panelists	

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WORKSHOP A

The Virtual Preceptor: How Micro-skills Can Make You a More Effective Teacher

Anna Craig, PA,¹ Purva Ranchal, MD¹ and Catherine James, MD² Department of ¹Medicine and ²Pediatrics, Boston University School of Medicine

Meeting ID: 967 4317 9120 Password: McCahan21 LINK

Introduction/Background/Rationale: Teaching time during clinical encounters is often limited, and virtual patient visits introduce new challenges to preceptors and learners. Using the Microskills framework can help maximize the educational experience of learners and make instructors more efficient in telemedicine encounters. This session is intended to equip clinician educators with a learner-centered framework that helps the preceptor to focus on the decision-making process used by the learner and give targeted feedback. Virtual visits can add extraneous cognitive load due to technological issues and changes to normal workflow; using a framework for precepting can help optimize learning during a patient encounter. During this session, participants will learn how to use the Microskills framework, which incorporates targeted feedback and cognitive load theory, in a virtual patient encounter. Participants will then have the opportunity to do hands on practice of the Microskills in breakout rooms with feedback from peers and presenters.

Target Audience: Student and trainee educators who want to learn more about the Microskills framework to use for precepting in virtual encounters

Learning Objectives:

- 1. Describe the five step Microskills model of clinical teaching
- 2. Provide targeted feedback to a learner that optimizes cognitive load
- 3. Apply the Microskills model in a virtual clinical precepting scenario

WORKSHOP B

"Flip the Switch" on the Classroom and on the Faculty-Student Collaboration

Raissa Zuim Dantas de Souza,¹ Dustin Lin, MS,² Bailey Bunch, BSN,¹ Ann Zumwalt, PhD,¹ and Jonathan Wisco, PhD¹

¹Anatomy & Neurobiology and ²Medical Sciences, Boston University School of Medicine

Meeting ID: 965 1383 2848 Password: McCahan21 LINK

Introduction: The collaboration between professors and the student assistants can expand and support non-classroom engaged learning opportunities. Due to the COVID-19 pandemic, a series of courses had to adjust their teaching models. In this session, we will focus on the process of course readjustment and the faculty-student assistant collaboration impact to facilitate this process, to create resources, and augment the educational experiences of their course. We will discuss the process and experiences of adapting the Anatomy Medical course for the Fall and the effectiveness of establishing a strong collaboration with a group of student assistants and delivering students' expectations to the different parts of the course. This session aims to discuss a strategic approach for faculty and students to collaborate on adjusting their courses to reach students outside of the classroom enhancing the engagement opportunities.

Rationale: During the Fall of 2020, the Medical Anatomy course developed a faculty-student collaboration team and was able to create and deliver more than 50 new resources (Orientation videos, Lab guides, virtual labs, etc.) over two months for the students taking the class. The change in curriculum for more flipped classroom based required the need for the assistance of students and this collaboration and change in the curriculum showed to be effective for both the performance of the students taking the class as well as for the course flow.

Learning Objectives:

- Understand the importance of developing a faculty-student collaborative team.
- Provide an opportunity for faculty and students to discuss different strategies and approaches to flipped-classroom activities.
- Describe strategies for courses to provide a more augmented experience beyond the traditional classroom (Fink, L. D., 2013, Creating significant learning experiences an integrated approach to designing college courses).

WORKSHOP C

The Pandemic Pivot:

Responsive Educational Activities during the Covid-19 Pandemic at SPH Accomplishments, Lessons Learned, Going Forward

Carol Dolan, PhD,¹ Matthew Fox, DSc,² Jean Van Seventer, VMD,³ Davidson Hamer, MD,⁴ Ilana Schlesinger, MA,⁵ and Michael Lavalley, PhD⁶ Departments of ¹Community Health Sciences, ²Epidemiology, ³Environmental Health, ⁴Global Health, ⁵Graduate Student Life, and ⁶Biostatistics Boston University School of Public Health

Meeting ID: 976 7297 0122 Password: McCahan21 LINK

Rationale: We will describe 5 creative ways in which SPH Faculty/Staff addressed the challenges and opportunities during the covid-19 pandemic, via education and supports for students. We invite participants to formulate ideas for applying Lessons Learned to their future student-focused endeavors. Target Audience: Faculty and staff engaged in teaching, research and student life.

Learning Objectives:

Learn from peers several ways SPH responded to educational challenges presented by the pandemic
Formulate ideas and strategies for courses, research opportunities, and student services that can be applied post pandemic

WORKSHOP D

Microaggressions in the Classroom Setting

Sonia Ananthakrishnan, MD,¹ Vonzella Bryant, MD,² Priya Garg, MD,³ and Megan McGrath, MD² Departments of ¹Medicine, ²Emergency Medicine, and ²Pedicatrics Boston University School of Medicine

Meeting ID: 919 3272 5203 Password: McCahan21 LINK

Rationale: Confronting microaggressions is challenging, yet it is an imperative in maintaining a healthy learning environment. Faculty, now more than ever, need to be able to respond to student identified microaggressions in the classroom and adjacent settings. In this workshop we will introduce participants to a tool, known as 'LIFT' (Lights on, Impact vs. Intent, Full stop-disarm, and Teach and Talk), that can be utilized when responding to microaggressions in the classroom and clinical environment. The session will use common scenarios of challenges experienced by faculty while teaching in the classroom. Small group discussion will be used to facilitate dialogue, promote sharing of experiences and facilitators will provide language and best practices for building skills in responding to these critical moments in and adjacent to the learning environment.

Target Audience: Course educators and other faculty leaders who routinely work in the classroom setting

Workshop Audience: The target audience for this workshop is student and trainee educators, including course directors and teaching faculty who are interested in improving the way microaggressions are identified and handled in and adjacent to the classroom.

Learning objectives:

1. Define microaggressions

2. Discuss how to respond to student-identified microaggressions in and adjacent to (e.g. course evaluation forms) the classroom

3. Practice applying LIFT framework with education-based vignettes

*Please note: For those who have attended portions of this curriculum in the past, these cases have been updated to focus on the classroom and Zoom based teaching, as of February 2021.

WORKSHOP E

Integration of Point-of-Care Ultrasound in Preclinical Medical Education

Lindsey A. Claus, M.S., Brett Cassidy, B.A., Minali Prasad, B.A., Jessica Landau-Taylor, B.S and Jonathan Wisco, Ph.D.

Department of Anatomy & Neurobiology, Boston University School of Medicine

Meeting ID: 954 5561 1935 Password: McCahan21 LINK

Rationale: Due to the COVID-19 pandemic, BUSM first-year medical students have had significantly reduced in-person clinical exposure over the 2020-2021 academic year, leading preclinical students to seek additional hands-on learning experiences for the 2021-2022 academic year. Additionally, over the past few years at BUSM, preclinical students have identified interest in further clinical exposure. To address this area of growth for the preclinical curriculum, we identified point-of-care ultrasound (POCUS) as a method of helping students learn anatomy and gain practical clinical skills.

Teaching POCUS during preclinical years is an exciting new avenue for engaged learning. Recently published work by Blackstock and Carmody at New York University School of Medicine and Alerhand et al. at Rutgers New Jersey Medical School have demonstrated successful implementations of practical ultrasound education within the preclinical curriculum. As Dr. L. Dee Fink describes in Creating Significant Learning Experiences, ideal learning experiences should involve an engaging and high-energy process that creates lasting lessons that students can incorporate in the future. Along with current trends for increased team-based and problem-based learning experiences in preclinical education, we see hands-on POCUS training as an excellent means of directly connecting anatomy and pathology with future clinical work.

Target Audience: Faculty, staff, and students interested in learning more about the use of ultrasound in preclinical medical education

Learning Objectives:

- Describe the importance of point-of-care ultrasound (POCUS) in clinical practice
- Discuss the connection between POCUS preclinical education and current trends in medical education toward active, group-based learning
- Analyze our pilot curriculum which uses POCUS to supplement anatomy and physical exam teaching for first and second-year medical students
- Explore integrating basic and clinical science through hands-on learning
- Evaluate ways to measure student performance in our pilot course elective

WORKSHOP F

There's No Such Thing as a Bad Publication: or is There?

A'Llyn Ettien, MLIS

Alumni Medical Library, Boston University Medical Center

Meeting ID: 976 1082 6471 Password: McCahan21 LINK

Rationale: Scientific writing can be seen as the final, ongoing stage of medical education, steadily more selfdirected as students become graduates, researchers and writers. This session is an overview of the scientific publishing process: both the traditional model, (authors submit articles to journals, charge fees for access), and the various Open Access (OA) models (authors or institutions may pay a fee for publication, articles are freely available). OA can benefit researchers, but the model allows for "predatory publishers," which charge fees for publication and provide little or no peer review or promotion. Recent attention to preprint servers, which played a large part in information dissemination early in the COVID-19 pandemic, may further confuse researchers interested in the best way to make their work public. Participants in this workshop will learn the basics of the publishing process and gain the ability to confidently assess communications from publishers.

Target Audience: Faculty members who write for publication and/or advise students with in-process or completed theses or research projects.

Workshop Audience: Library staff members often receive questions from students who have received offers to publish their theses for a fee, and from researchers who have received questionable solicitations from publishers. These writers seek advice on how to tell if publication offers are legitimate. This workshop offers that advice in a group forum, with opportunities to discuss specific offers and talk about the advantages and disadvantages for authors of OA and traditional publishing and the use of preprint servers.

Learning Objectives:

• Understand the basics of both traditional scientific publishing and Open Access publishing, where preprint servers fit in, and what benefits each model presents

• Be able to identify hallmarks of potential "predatory publishers" and understand why these may not best serve an author's professional and educational goals

- Confidently evaluate offers they receive from publishers
- Be prepared to advise students confronting this out-of-classroom challenge
- Be familiar with sources for more information on specific journals and publishers

Wednesday Abstracts Room 1: Service Learning and Near-Peer Teaching

Adapting the Parkinson's Partners Service-Learning Group due to the COVID-19 Pandemic

Carolyn Wilson, BA¹, Michael Groot, MS², Wayne Zhong, MS², Kathleen Kelly, BA², Katelyn Bird, MD¹ ¹SOM; Department of Neurology, ²SOM

Introduction: Although Parkinson's Disease (PD) is primarily a movement disorder, its psychosocial factors have been found to be among the most important determinants of patient quality of life.1 Social isolation was an existing problem in the PD population, but this has likely been compounded since the COVID-19 pandemic began.2 To help with feelings of social isolation, our "buddy program" paired PD patients with medical or PA students over a virtual platform via Zoom.3

Methods: We are currently assessing the benefit of this program for patients by collecting anonymous pre- and post-program questionnaires via RedCap about quality of life using the PDQ-39 questionnaire. Pre-COVID-19, Parkinson's Partners would have monthly in-person meetings where activities would be catered towards educating patients of their diagnosis while incorporating physical activities that worked on fine motor skills (i.e painting) and vocal exercises that helped our PD partners project their voices. To adapt to a virtual platform, supplies for all monthly meetings were shipped directly to partners' homes at the beginning of the semester to ensure participation.

Results: Given the small dataset in our pilot project transition thus far, we present qualitative data on the effectiveness of transitioning a service-based learning group to a remote format. With an in-person meeting format, one of the largest challenges is having our partners commute into the city to participate. After transitioning to Zoom, we noticed that people were more easily able to attend, allowing them to remain connected to others in a time of social distance. Given that the main objective of our program is facilitating conversation, the Zoom platform was able to accommodate this change without a significant interruption. Furthermore, we were able to invite similar speakers and participated in similar activities when compared to our in-person meetings.

Conclusions: Transitioning the Parkinson's Partners program has enabled PD patients to remain connected with other community members through the COVID-19 pandemic. We will continue to collect data on a larger patient population to observe quantifiable trends.

Previously presented at Kase Symposium, April 13, 2021

Hope for the Future: Embedding 529 College Savings Accounts in Pediatric Care

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Background: As of 2019, one in six children in the United States live in poverty. Although all families in the United States may currently feel uncertain about the future given the COVID-19 pandemic, economic distress disproportionately affects people of color, who are already vulnerable.

Purpose: Education is a key protective factor. The 529 account is a tax-advantaged savings account specifically designated for college or other higher education. In January 2020, Massachusetts launched the BabySteps Savings Program, the state's first universal seeded college savings account program, which provides a \$50 incentive for opening an account. Still, only 3% of U.S. families have a 529 account and are disproportionately college educated, higher income, and white. To create equity, a deliberate effort must be made to reach out to low-income families of color.

Methods: StreetCred at Boston Medical Center (BMC) began piloting an approach to embed assistance opening a 529 account into routine pediatric care for infants to support families at-risk of exclusion from the benefits of 529 accounts. We introduce the 529 account to low-income families of color in a trusted, frequented place – the pediatrician's office – and target education at the earliest stage. A trained student intern calls families during the first year of life to discuss the 529 account, answer questions, and help open an account. Families are also offered a connection with BMC volunteer financial coaches. Program materials are available in English, Spanish, Haitian Creole, and Portuguese.

Results: To date, 339 families have been called; 207 were reached. One-hundred-and-two families (49%) expressed interest in learning more about 529 accounts. Of those who expressed an interest, 25 families (24.5%) opened a 529, 46 (45.1%) were still considering signing up, and 31 (30.4%) declined. The 12% of families who opened accounts on the spot (25 out of 207) is notable in comparison to the 3% of families nationally who have these types of accounts.

Discussion: Our pilot takes a health equity approach by providing systematic support to families who have historically been excluded from financial opportunities. With these data, we will refine the intervention and conduct a larger prospective study to better understand acceptability, facilitators and barriers. Data on the health and child development impacts of 529 accounts are still preliminary while programs are accelerating nationally. This climate is an important opportunity to both implement programs and study outcomes, so that we can build evidence on whether these accounts are an effective tool to promote equity and share findings with lawmakers, health care leaders, and other child advocates to influence policy. To reach true equity, we must systematically invest more in children, particularly low-income children of color, who have been historically excluded from financial opportunities, to unlock the immense benefits of education."

****BEST STUDENT ABSTRACT****

ICM: A virtual healthcare-exposure program led by near-peer instructors

Ke Zeng, MS¹, Fred Lu, BS¹, James Valderrama, MS¹, Kavin Zhu, MS¹, Anthony Crosson, MSM², Maura Kelley, MD³ ¹SOM; ²Boston Area Health Education Center|Boston Public Health Commission; ³SOM; Department of Medical Sciences and Education

Introduction: A diverse healthcare workforce is key to improving health outcomes, increasing patient satisfaction, and addressing health disparities. However, underrepresented minority (URM) students face many systemic barriers throughout their pathway into healthcare careers. Introduction to Careers in Medicine (ICM) is a high-school enrichment program created by Boston

Education, Advising & Mentoring in STEM (BEAMS) through the Department of Medical Sciences & Education (MSE) at BUSM. Through a partnership with Boston Area Health Education Center (BAHEC), BEAMS has offered this program to Boston-area high-school students enrolled in the BAHEC Summer Enrichment Program since 2017. Traditionally, the program was taught by faculty members through a hands-on, in-person format. Due to the COVID-19 pandemic, ICM was taught using Zoom video-conferencing with medical students as instructors and near-peer mentors to offer early healthcare exposure, mentoring, and career exploration to URM high-school students. Instructors met with an assigned group of 2-3 students twice weekly to cover a specific topic in medicine. The first weekly session focused on a didactic portion ending with a discussion of a clinical case, and the second session focused on a related public health issue and career mentoring.

Purpose: To evaluate students' experience and satisfaction with a medical student taught, remote-only healthcare exposure program for URM high school students.

Methods: A mixed-methods evaluation of anonymous post-program student survey data. The survey included questions on demographic information, student perceptions of the program using 5-point Likert scales, and two free-response questions to highlight program strengths and areas for improvement.

Results: Of the 39 students, 24 completed the survey. The majority of respondents identified as female (88%), Black (70.8%; Asian 16.7%; Hispanic/Latino 8.3%; White 4.2%) and were entering 11th grade (50%; 10th 45.8%; 9th 4.2%). Students liked the quality of and were satisfied with the course (83.4% good/excellent). A majority indicated their expectations were met (95% good/excellent). In addition, they found instructors to be effective as teachers (100% agree/strongly agree) and in stimulating interest (100% agree/strongly agree). Students also found that discussion of the material improved their critical thinking skills (100% agree/strongly agree) and their understanding of medicine and healthcare career options (100% agree/strongly agree). Qualitatively, students enjoyed the clinical cases, career exploration, and discussion of college admissions as it pertains to careers in healthcare, but stressed the potential value of in-person, hands-on activities in future post-pandemic sessions.

Conclusions: Significant student satisfaction with this virtual ICM program demonstrates the feasibility and highlights the efficacy of this modality. Medical students were effective near-peer instructors, stimulated student interest in healthcare, and delivered targeted mentoring in exploring students' career interests. Virtual instruction shows promise in decreasing the barriers to reaching URM students. Further research should investigate how to integrate this new remote modality with traditional in-person programs.

Interdisciplinary Students Lead THRIVE COVID Call Center to Support Patients with Social Needs

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Introduction: Social risk factors (SRF), such as food insecurity, represent adverse social circumstances which are associated with poor health outcomes. The COVID-19 pandemic created new and exacerbated existing SRFs for many Bostonians. To address this need, students and faculty at the Boston University School of Medicine (BUSM) and Boston University School of Social Work (BUSSW) partnered to develop an outreach Call Center to support social needs of Boston Medical Center (BMC) patients diagnosed with COVID-19 by connecting them with available resources.

Purpose: In this abstract, the development and operations of the THRIVE COVID Call Center (TCC) and descriptive data on the volume and type of outreach efforts will be presented.

Methods: TCC Development and Operations: A BMC ambulatory RN performed SRF screening in patients diagnosed with COVID-19 and sent referrals to the TCC. Students responded by calling patients and screening them using THRIVE, BMC's SRF screening tool, and used the THRIVE Directory, an online repository of resources, to provide information about organizations to support their social needs. Two weeks later, students called the patients to assess whether they received help and provided additional support as needed. Currently, the team comprises two social work students and 12 medical students.

TCC Evaluation: Volume of outreach calls and type of outreach efforts were evaluated. Number of patients reached through the TCC were tracked using Epic dotphrase reports. Types of referrals were tracked using automated reports from the THRIVE Directory database. Finally, students completed surveys to reflect on their TCC experiences and to evaluate the impact on skills to address social needs.

Results: Between 10/2020 and 03/2021, the TCC served 312 patients and 478 referrals were made, with a mean of 1.53 referrals per patient. Patients were most often referred to City of Boston Food Delivery (148 referrals). Patients were most often referred to Government programs (188), followed by BMC programs (133) and Local Non-Profits (70). The most common primary support area was Food. Preliminary results from students' surveys showed a positive impact in their skills to collaboratively address social needs.

Conclusions: It was feasible to develop and implement an interdisciplinary social needs outreach workforce to support patients with COVID-19. Food was the most important driver of social need among BMC patients. Our partnership with the City of Boston was key to effective assistance with food delivery, showing the importance of collaborative partnerships when developing outreach efforts to support patients with social needs. Finally, interdisciplinary outreach opportunities like the TCC can be used to teach health professional students about the different scopes of practice and how to effectively collaborate with other disciplines when addressing patient health related social needs.

Perceived Barriers for Entry into Medical Training by Under-Represented Public High School Students

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Introduction: As of 2018, only 11.1% of the United States physician workforce self-identified as part of a group traditionally considered under-represented in medicine (URiM) – Black/African American, Hispanic/Latinx, or American Indian/Alaskan Native. In contrast, these groups make up 33.2% of the US population. While the numbers of URiM matriculants to medical school are increasing, 15% as of 2020, this still falls short of building a physician workforce reflective of the population as a whole. There are multiple well-described systemic barriers to matriculate into medical school including exorbitant cost for entry exams and exam prep, limited access to mentors, and the cost of medical education. The point at which young people become aware of these potential barriers is not well described.

Purpose: The Boston Area Health Education Center (BAHEC) works within the Boston Public Health Commission to provide programming that introduces under-represented high school students in the Boston Public School system to careers in medicine. The goal of this study was to explore what barriers to entering medical training our students perceived at their level of schooling.

Methods: A survey was administered to 20 current BAHEC students via Google Forms. Students were asked "What barriers do you believe exist for students of color to enter into medicine." Options included limited access to current physicians of color for mentors; the cost of education; the cost of test preparation (MCAT, licensing exams, etc.); learning in an environment with limited community; no early exposure to what medicine is.

Results: Respondents were in grades 9-12. 13 Boston high schools were represented. 95% of our cohort believe the cost of education to be the greatest barrier for students of color to enter medicine. Other barriers cited by students included (percent of students noted next to each statement): a learning environment with limited community of color (75%); limited access to current physicians of color as mentors (70%); limited or no exposure to the field of medicine (60%); cost of test prep throughout medical training (55%).

Conclusions: Even at the HS level our students note the overall cost of medical education as the largest barrier to medicine. This is closely followed by the lack of access to a mentoring network of color or community of color during training. Findings suggest that interventions to improve diversity must also focus on making students aware of/creating more critical funding resources for medical education in addition to providing access to mentorship to students of color at the high school level. The issue of financial support for medical education is an ongoing conversation, but failure to address this issue could hamper the recruitment of many capable students into medical careers.

Wednesday Abstracts Room 2: Curriculum: Undergraduate Medical and Dental

A New Treatment Approach Utilizing CAD/CAM Restorations for Endo-Treated Permanent Anterior and Posterior Teeth in Pediatric Patients: A Case Report

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Introduction: Composite restorations are the most popular technique for restoring young permanent anterior teeth after endodontic therapy. However, these restorations are fragile and need to be replaced multiple times before the patient can receive a more definitive restoration. In addition, stainless steel crowns have been the go to for restoring young permanent molars with previous endodontic treatment, these restorations are not aesthetically appealing and also need to be replaced. Post, cores, and crowns themselves have several contra indications in their use for pediatric patients, consequently we must be able to offer other alternatives in the choice of restorations. Endocrowns constitute an alternative and reliable approach for restoring anterior and posterior permanent teeth with large coronal destruction postendodontic treatment in pediatric patients.

Objective: The aim of this research is to describe an alternative treatment of severely damaged upper permanent central incisors by endodontic root-canal therapy and placement of E.MAX endocrowns utilizing digital workflow with an intraoral scanner (IOS) and computer-aided design/computer-assisted manufacturing (CAD/CAM) fabrication of the restorations.

Clinical Case (methods): A 13-year-old female patient presented to the GSDM pre-doctoral treatment center during pediatric rotation with severe and profound secondary caries in teeth #8 and #9, after root canal therapy performed 3 years ago and with chief complain that she wants restorations that will not fall off or break again. After diagnosis and treatment planning evaluation, endo re-treatment and placement of endocrowns on teeth #8 and #9 were planned as the final treatment, because teeth presented with large coronal destruction. After discussing treatment options with the patient's mother and her request for a state-of-the-art and prompt restorations, CAD/CAM lithium desilicated ceramic (IPS E.MAX CAD) blocks were chosen. Digital impressions of upper and lower arches and bite registration were obtained utilizing the Omnicam intraoral scanner, and the endocrowns for teeth #8 and #9 were designed digitally. Finally, the endocrowns were cemented with self-cured adhesive resin cement (Multilink).

Results: Over the 3-month follow-up period, no changes of the periradicular area of teeth #8 and #9 was observed on radiographs. Regarding the endocrowns no discoloration was noted, the marginal seal was intact and the anatomical forms remained.

Conclusions: In the course of the follow-up, the CAD/CAM endocrowns demonstrated to be a good material for the short-to long-term treatment of endo-treated permanent teeth with large coronal destruction in children. There is still an important challenge for the rehabilitation of endodontically treated teeth with extensive coronal destruction in pediatric patients and more clinical cases and follow-up are required to investigate the long-term effects. As GSDM faculties, we encourage the Pre- and Post-doctoral Pedo departments to include this approach in the curriculum as an alternative treatment option to maintain permanent teeth until full development.

A Review of Existing Forensic Laboratory Education Research and Needs Assessment

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Introduction: Forensic education is relatively new in comparison to other scientific disciplines as is content delivery via non-traditional, on-line, or hybrid academic programs. Published research on educational approaches is also limited. Therefore, this study identifies current peer-reviewed research in the area of forensic laboratory education regardless of pedagogy.

Methods: A literature search using PubMed (US National Library of Medicine, National Institutes of Health, Bethesda, MD, USA) was conducted to identify relevant peer-reviewed articles. The search terms "forensic", "laboratory", "education", and "standards" were used to identify research in this area. Using the terms "forensic laboratory education standards" resulted in 155 results, however after a closer examination, only 14 of the articles were relevant to forensic laboratory education (Baranski et al., 2020; Brooks et al., 2017; Burgess et al., 2011; Chohan et al., 2020; Dadour et al., 2001; Feliciano et al., 2019; Henson, 2019; Horowitz & Naritoku, 2007; Maeda et al., 2014; McKenna, 2007; Spencer et al., 2017; Stamper et al., 2020; Tregar & Proni, 2010; Zeller & Elkins, 2020).

Results: The majority of the literature resides in forensic medical/nursing, biology, anthropology/entomology, and psychological/psychiatry education or is not specific to one forensic discipline. Each of the articles were assessed for target educational level (e.g., undergraduate, graduate, postgraduate/doctoral, medical or continuing professional education), forensic discipline, pedagogy, delivery style (synchronous, asynchronous, or hybrid), academic standards, and educational levels of faculty/authors.

Conclusions: There is a significant lack of literature on the effectiveness of forensic laboratory education. There is a need for laboratory education research in the areas of forensic chemistry, biology, physics/pattern interpretation, crime scene/death investigation, and digital multimedia. Further, research on effective laboratory education that is supported by educational standards could be helpful to the forensic education community in considering content delivery, educational effectiveness, research needs for forensic education as well as assisting organizations who hire graduates of forensic science programs.

Factors Influencing Student Career Plans after Dental School

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Introduction: After much preparation and determination to get into dental school, in only a few short years dental students are faced with their next big decision: What do I do next? The way each student chooses their next steps can depend on a variety of factors such as personal, academic and financial. The most common of these options is pursuing further education through a residency program or applying for jobs to begin practice as a general dentist.

Purpose: This study aims to find the main factors which influence dental students' post-graduation career plans at Henry M. Goldman School of Dental Medicine

Methods: Students from the class of 2020 and 2021 were asked to complete a brief survey indicating their plans as going directly into practice or a residency. Then they were asked to rank a number of personal and academic factors when considering their future career plans.

Results: There were 54 survey responses of which 54% students indicated they will be pursuing a residency program and 44% indicating entering into general practice. Over 75% of students report the following factors encouraged or strongly encouraged their post-graduation plans: prospective patient population and potential patient relationships, family members, lifestyle and post-graduation mentors. Overall feeling of a program, location, ability to work during the program and distance to significant other were selected most as being a moderate or major influence in selecting a residency program. Overall more females than males are planning on further education, with 65% of females choosing residency pursuing a general dentistry residency.

Discussion: This study may have implications for post-graduation programs as well as dental school administrators in strengthening areas of curriculum in which students are most influenced. Study findings can be used to create a more enhanced mentoring experience in guiding students to finding their post-graduation plans as well as helping program directors in finding the best matched candidates for their programs.

No Place Like Home: The Value of Geriatric House Calls for Medical Education

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Background: Boston Medical Center has the nation's oldest, continuously-operating home care program, established in 1875. It serves 500 patients, 60% from minority populations and 25% with low English proficiency. During their geriatrics clerkship, Boston University School of Medicine (BUSM) fourth year students participate in home visits. Our clerkship teaches most of the AAMC core competencies in geriatrics using an interdisciplinary, team-based approach (Oates et al JAGS 2009).

Objective: In order to see what additional educational value students get from the home visits beyond the core competencies, we decided to interview students specifically about their home visit experiences.

Methods: Between August and November 2020, we contacted approximately 50 students by email asking if they would participate in the interviews. Eleven students replied, and we completed 11 interviews. We did not compensate students for their time. In order to add to our overall understanding, we also interviewed some of the providers in the program. We recruited faculty participants by announcing the project at one of our home care meetings. Five faculty members expressed willingness, and we interviewed these 5 participants. We audio recorded and transcribed the majority of interviews, and we used notes for one interview at the request of the participant. Two members of the research team independently coded the transcripts using a line-by-line approach. We then created our codebook, which we used to link individual codes into overarching concepts in order to identify significant and recurrent themes.

Results: Themes emerged in two categories: patient care and education. Patient care themes included 1) Unpredictable environment (100% of interviews), 2) Context-appropriate care (87%), 3) Relationshipbased care (68%), and 4) Goal-concordant care (31%). Educational themes included 1) Environmental learning (100%) and 2) Impact on future practice (75%). Participants identified social determinants of health (SDH) as central to the program's value but also as a significant challenge. Providers were more likely than students to mention goal-concordant care, whereas both recognized the intimate relationship between patient and provider. Interestingly, some students named this relationship as a challenge because it was difficult to appreciate the complexity of the patient's history and care. Providers valued the opportunity to take trainees into homes for hands-on experiences, and students identified the setting as an excellent teaching environment.

Conclusions: The opportunity for experiential learning, including the chance to better understand communities and SDH, is a key point of value of a home care program. Expanding opportunities for students to visit patients' homes, ideally with members of an interdisciplinary team, would enhance this understanding and allow students to more fully appreciate the complex network required to care for our most vulnerable patients.

Previously presented at American Geriatrics Society, May 12, 2021

BEST FACULTY ABSTRACT **BEST GOLDMAN SCHOOL OF DENTAL MEDICINE ABSTRACT**

Students' perceptions on the use of e-portfolios to assess progress towards competency in self-assessment and critical thinking

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Introduction: Self-Assessment and Critical Thinking are an essential part of Competency Based Education (CBE) and are standards that must be met for the Commission on Dental Accreditation (CODA). By selecting and documenting learning experiences early in their DMD program using e-portfolios and repeatedly conducting self-reflection, students may learn to improve their critical thinking skills and their ability to self-evaluate.

Purpose: Our survey seeks to determine students' experiences and perceptions of e-portfolios in the development of self-assessment and critical thinking skills and also as an educational tool at GSDM.

Methods: Students are invited to participate in the anonymous survey via email through the class email list servers. This spring, the online survey was distributed to all DMD1, DMD2, DMD3, DMD4, AS1, and AS2 students. The survey will be repeated for three academic years, totaling approximately 1900 student invitations by spring of 2023. We expect a 30% response rate. Survey questions pertain to prior experience with e-portfolios, the process of using e-portfolio software, the impact on skills and learning outcomes, and the expected utility for future employment or residency.

Results: For the first year of this study, 193 responses were recorded. Using an e-portfolio software was new for 94.8% of students and 40.2% either agreed or strongly agreed that e-portfolio software was easy to use and understand. For the CODA competencies, 48.9% of the respondents either agreed or strongly agreed that e-portfolios were helpful in developing self-assessment skills and 43.0% either agreed or strongly agreed that e-portfolios were helpful in developing their critical thinking skills. For enhancing learning outcomes on preclinical or clinical assignments, 45.2% strongly agreed or agreed that e-portfolios were helpful. Finally, 53.3% strongly agreed or agreed that e-portfolios would be helpful when applying for employment or residency programs.

Conclusions: Initial results from this study are promising. Despite the majority of students being new to e-portfolios, most found the software and provided support resources sufficient for their needs. So far, responses indicate that students found e-portfolios slightly more helpful in developing self-assessment skills than critical thinking skills, although both percentages were lower than expected. Future iterations of the survey may benefit from clarifications to survey language and descriptions that coincide with language used in other assignments and evaluations, especially for critical thinking. We would also like to improve the students' value assessment of e-portfolios, potentially by making stronger connections to other components of the curriculum. Difficulties with the user interface and other technological aspects of the e-portfolio software may also be contributing factors to low value perception and are worth addressing.

"Escape the Trauma Room" - A Simulated Learning Experience

*Adam McFarland, MD¹; *Amanda Horn, MD¹; ¹Department of Emergency Medicine; SOM *co-first authors

Introduction: Medical education has been pushing the boundaries of curriculum design and innovation, particularly in the setting of the limitations posed by the novel coronavirus in 2020. "Escape the Room" activities that incorporate active learning through puzzles and problem-solving have been described in both nursing and medical student education, and more recently in Emergency Medicine (EM) resident education. We designed such an activity for our rising second-year EM residents in order to prepare them for their role as the "Resuscitation Resident" in the upcoming year.

Purpose: The main objective of the activity was to prepare second-year residents for running medical resuscitations and performing critical procedures in the Emergency Department. An additional focus was to incorporate teamwork Crisis Resource Management domains through orienting residents to the physical space of the trauma bays, managing procedural competency during high-stress situations, and developing leadership and communication skills essential for managing a multi-disciplinary medical team.

Methods: Thirteen EM residents (split in two teams) participated in this simulated learning experience. Teams completed three cases which incorporated procedural simulations, medical knowledge, and leadership skills, as well as rapid fire medical knowledge questions to gain clues and unlock the code to "escape" the trauma bay in sixty minutes. Cases included penetrating trauma with chest tube insertion, cardiac arrest with IO placement, and a trauma resuscitation requiring central access. The residents completed pre- and post-activity surveys regarding confidence in various high-yield tasks, medical knowledge, and procedures using a 5-point Likert scale.

Results: Data is represented in mean Likert scale. Residents noted substantial improvement in their ability to locate supplies for chest tubes (1.9 to 4.3), cardiac arrests (1.6 to 3.3), and trauma central lines (2 to 4.1). Residents felt more comfortable functioning as a member of the trauma team (2.1 to 3.4) and delegating tasks during resuscitation cases (2.2 to 3.2). Residents agreed the activity was enjoyable (4.6), improved procedural knowledge (4.6), helped identify medical knowledge gaps (4.5), and that it should be repeated for future residents (4.8).

Conclusions: "Escape the Trauma Room" is an enjoyable way to improve procedural techniques and medical knowledge, orient to new clinical spaces, and develop team leadership skills. This exercise boosted confidence for residents in performing critical procedures and leading resuscitation efforts. The versatility of this activity allows for application towards various aspects of EM and any level of training, with potential for competency-based evaluation of educational milestones.

Previously presented at Society of Academic Emergency Medicine, May 13, 2021

BEST OVERALL ABSTRACT **BEST RESIDENT/FELLOW ABSTRACT** **BEST SCHOOL OF MEDICINE ABSTRACT**

3-Year Evaluation of a Resident-as-Teacher Program for General Surgery Residents

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Introduction: Teaching is a significant responsibility of general surgery residents and formal teaching instruction is mandated, but few surgical specific Resident-as-teacher programs (RATPs) have been well described.

Objectives: This study offers a 3-year follow-up of a formal RATP into our general surgery residency curriculum.

Methods: The RATP curriculum was developed locally, anchored in previously published literature, and revised after resident and faculty feedback. The curriculum was delivered longitudinally over five sessions, during protected didactic time. Sessions combined didactic instruction with interactive application activities. Self-assessment surveys were distributed to residents before and after completion of the program each academic year. Medical students were surveyed at the end of the surgical clerkship as part of the LCME end of clerkship survey.

Results: Resident reported RATP data was collected annually from 2017-2018 to 2019-2020. LCME data was collected from 2014-2015 to 2018-2019. Resident attendees included interns to chief residents. After implementation, more residents reported that they had a plan for improving their teaching skills (pre 3.2, post 4.3, p <0.001), that they could help others improve their teaching skills (3.3, 3.7, p=0.03), that they could apply at least at least two different teaching methods (3.7, 4.2 p=0.005), and that they could describe the teaching techniques they employ (3.5, 4.0 p<0.01). Medical student agreement with the statement 'Residents provided effective teaching during the clerkship' from prior to RATP implementation to concomitant academic years increased from 67% to 76% (p=0.02).

Conclusions: A RATP was developed and successfully incorporated into the didactic curriculum. Residents continue to report self-assessed improvement in their teaching skills. More importantly, 3-year follow up demonstrated a positive effect on the medical student experience on the surgical clerkship. Longitudinal delivery of a formal RATP in general surgery was successful in improving resident teaching skills.

Previously presented at the Association for Surgical Education Annual Meeting, April 30, 2021

Building Entrustability To Facilitate General Surgery Teaching Assistant Cases

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Introduction: Teaching assistant (TA) cases are a requirement for board certification in general surgery. Attending surgeons act as the primary gatekeepers for these cases.

Purpose: The goal of this study was to better understand attending surgeons' perceptions of TA cases and specific resident behaviors that impact allowing residents to act as TAs.

Methods: Eleven general surgery attendings from eight US hospitals participated in anonymous, audiorecorded, semi-structured interviews about their experiences with TA cases. One interview was excluded due to faulty recording. Participants were selected by purposive and snowball sampling. Audio recordings were transcribed and qualitative codes were inductively derived. Iterative coding was applied until saturation and resulting coded material was analyzed for themes.

Results: Attending experience ranged from 5-22 years. Attendings described ideal TA cases to be predictable, high volume procedures, such as appendectomies. Attendings stressed the importance of established resident-attending relationships when deciding to entrust residents to act as TAs. They especially valued opportunities to longitudinally evaluate a resident's technical and decision-making capabilities. Reasons residents were not entrusted to act as TAs included lack of resident availability, lack of perceived interest, and the difficulty of integrating residents into preexisting surgeon-patient relationships.

Conclusions: Attendings consistently valued prior rapport with residents when deciding if they can entrust them to act as a TA for a case. In order to facilitate resident access to these important opportunities, the longitudinal attending-resident relationship must be prioritized. By introducing mentorship electives, general surgery training can be returned to its apprenticeship roots.

Dental and Graduate Student Inter-professional Mentoring Program Promotes Community Building, Communication and Academic Skills

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Introduction: The MS in Oral Health Sciences (OHS) program is a collaborative credential enhancing pipeline program between Boston University Goldman School of Dental Medicine (GSDM) and Graduate Medical Sciences (GMS) at the School of Medicine for students who wish to improve their credentials for dental school admissions. As a pipeline program, it has always benefited from a peer mentorship program with alumni, but amidst the COVID-19 pandemic, an even greater need for it emerged.

Purpose: DentMent was started in July 2020 as an inter-professional mentorship program between recent graduates of the program who attend GSDM and current OHS students with a goal to provide a more structured and regular support system to current students.

Methods: Regular DentMent gatherings started in August, 2020. Meetings were held both in-person and remote. Based on student feedback and request for topics, meetings were scheduled following social distancing guidelines. Areas of interest included studying and time management strategies, and navigating the dental school application process. After several meetings, mentors and OHS students were surveyed for favorite foods, type of music, hometown, etc. Based on responses, Big/Little pairs were created to further to provide program adjustment and relational support. Additional academic support was provided centrally through the OHS program including one-on-one tutoring, teaching assistant review sessions and group tutoring. Mentoring was assessed (IRB H-41490) via a survey given anonymously to current OHS students and the data compiled.

Results: Data demonstrates the majority of students responding to the survey benefitted from the mentoring program in OHS (90%) with more than 94.7% finding the DentMent program beneficial in feeling encouraged and supported especially during the hybrid learning format. Students felt DentMent assisted with stress (84.2%) and time (79.0%) management skills but slightly less with assisting them with developing individual study strategies (73.7%). Most students (88%) would recommend the DentMent program to incoming students. The TA and Tutor program received strong support indicating students felt it promoted active learning (85.2%) and critical thinking skills (95.2%).

Conclusions: The OHS mentoring program has been successful and the addition of DentMent and Big/Little program has contributed positively this past year, especially during COVID. Overall, most students thought the Big/Little program was a success but moving forward having organized Big/Little events to facilitate introductions and early interactions would help to improve the program. Mentoring has allowed current students and mentors to build closer, more personal connections, help students gain skills while building confidence that may even spark an interest to help future OHS students by serving as mentors themselves next year in DentMent.

Best Practices During a Global Pandemic and Beyond: Developing a Culture of Caring in our Classrooms

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The past year has challenged educators in all directions, from switching courses to an online format overnight to addressing student needs within and outside the classroom, external factors have extensively effected student performance and engagement. The COVID-19 pandemic and a myriad of other socio-political movements highlight the need for faculty to go beyond educating and build connections with their students. This poster provides a rational for providing an intentionally supportive classroom environment for public health students and outlines the benefits not only to the students but also the faculty and institution. Furthermore, this poster identifies necessary boundaries to caring, including setting appropriate limits and maintaining professional student-educator relationships. Creating an inclusive learning environment is not only important for training future health professionals, but for cultivating a culture of caring among the profession.

Thursday Abstracts Room 1: COVID-19 and Technology

Effectiveness of Medical Gross Anatomy Pedagogical Tools for Teaching During the COVID-19 Pandemic

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Introduction: Medical institutions have been forced to modify gross anatomy pedagogy in order to comply with the health restrictions imposed by the novel coronavirus (COVID-19). Boston University School of Medicine (BUSM) is one such institution that temporarily restructured its course. We replaced cadaveric dissection activities with prosections and a greater emphasis on a flipped classroom model.

Objectives: This study investigates the effectiveness of new course materials developed to aid these curriculum changes. Course materials were developed for three purposes: (1) for preparation before lab (orientation videos and Complete Anatomy screens); (2) for guidance during lab (laboratory guides); (3) for review after lab (Zoom recitation sessions).

Methods: We asked students questions regarding the most helpful and least helpful aspects of the course materials. We performed a grounded theory thematic analysis of students' responses (81/160, 50% response) to qualitative survey questions and to focus group questions (16 students who self-selected between 4 different sessions).

Results: Data from both the survey and focus groups demonstrated that the vast majority of students strongly agreed or agreed that the materials helped them navigate through learning gross anatomy. However, students expressed that lab guides were used mostly for post-lab review as opposed to the intended purpose of guidance during lab. Students within all focus groups overwhelmingly touted the value of and advocated for Zoom recitation sessions, with many stating that they were imperative to course success and comprehension of material.

Conclusions: We propose that the benefits of flipped-classroom learning are augmented via the utilization of course materials that students perceive as time saving, useful integration of information, pertinent to their exam performance, and combined with cadaveric prosection emphasizes the benefits of flipped-classroom learning to help students learn gross anatomy effectively and efficiently during the pandemic - and beyond.

Harnessing the Power of 3D Printing as an Educational Tool

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Introduction: As dental education continues to evolve, incorporating the latest digital technology across the curriculum enables us to cultivate innovative mindsets in our students and residents, ensuring they will graduate prepared to be leaders in an ever-evolving field. By integrating 3D printing widely across our curriculum, the goal is to guarantee our students and residents are fluent with this technology and the variety of ways it can be used to improve patient care. Boston University Henry M. Goldman School of Dental Medicine incorporated the latest 3D printing technology in order to remain on the forefront of the guidelines of the Commission on Dental Accreditation, "Dental schools should utilize the application of technology in dental education programs to improve patient care and to revolutionize all aspects of the curriculum, from didactic courses to clinical instruction".

Objective: The objective is to incorporate 3D printing technology in both the preclinical and clinical settings at Boston University Henry M. Goldman School of Dental Medicine (BUGSDM).

• The printer can be used to fabricate the 1200-1500 models that are currently needed for preclinical courses, making the process of fabricating those models faster, more predictable, and more efficient.

• In the clinical setting, the printer can be used to fabricate a set of dentures for a patient, reducing the turnaround time and cost of the traditional fabrication method, while simultaneously increasing the quality.

Methods: GSDM installed a Carbon M series 3D printer, becoming the first dental school in the United States to acquire this system. The large-scale production printer, currently used by Adidas, Riddell, Ford Motor Company, and the healthcare industry, is capable of printing 20 dental models in as little as two hours –it will integrate into existing digital dentistry workflows, such as surgical guides and digital dentures, and will allow the school to go "fully digital" for the printing of dental models, aligners, and 3D printer dentures.

Conclusions: By streamlining both preclinical and clinical workflows, the Carbon printer will create space that faculty, students, and residents can use for deeper exploration of curriculum and patient care and represents another important step in educating the next generation of dental health professionals.

Advance Care Planning in the COVID-19 Era

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Background: The COVID-19 pandemic has highlighted the critical role for advance care planning (ACP). Many Americans lack advance directives due to patient, provider and systemic barriers. Additionally, with COVID-19, telehealth has increased, and providers often must facilitate ACP virtually. Physician education can improve ACP in clinic and in virtual settings, resulting in an improvement of patient centered care. We aim to assess the need for a comprehensive ACP curriculum in primary care and in telehealth platforms in the setting of COVID-19.

Methods: We offered a voluntary, anonymous needs assessment survey to 37 Family Medicine residents and attendings at an academic center in November 2020. The survey of 16 questions queried participants' in the following domains: the presence of ACP education in didactics; the prevalence of ACP in virtual platforms; associated challenges in obtaining directives during the COVID-19 pandemic; and provider confidence level in ACP discussions in clinic and virtual platforms.

Results: 30 physicians completed the survey (response rate of 81%), and all recognized the critical role of ACP. 60% said they did not have a formal ACP curriculum, and 30% did not feel confident in understanding ACP. 30% of providers facilitated ACP discussions over telehealth in 2020, and 28% felt confident on this platform. 76.67% have facilitated ACP discussions in their clinic, and 56.7% felt confident with in-person discussions. Barriers to ACP in clinic were time (90%), followed by limited education and communication skills (53%). Telehealth barriers included challenges regarding tech literacy and establishing rapport (90%). 90% of physicians anticipated an increase in ACP discussions due to COVID-19. 23% felt confident in discussing ACP in relation to COVID-19. Lastly, 80% of respondents stated there isn't sufficient training in facilitating ACP over telehealth.

Conclusions: All physicians surveyed reported ACP as a critically important component of their practice. However, there are significant barriers, including time constraints and limited training in both clinics and virtual platforms. As a result, we plan to implement a comprehensive ACP curriculum in a family medicine residency, comprising of didactics and skills practice components in March 2021. We aim to enhance the prevalence and quality of ACP both in person and in virtual settings, which will be measured by a post-assessment survey.

Previously presented at the American Geriatrics Society, May 12, 2021

Perceptions of GSDM Faculty and Students Due to the COVID-19 Pandemic: Measuring the Impact of Digital Learning on Dental Education

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Introduction: Previous research has shown that students regard online learning as an acceptable alternative to in-class lectures during the COVID-19 pandemic. Furthermore, it has been found that the pandemic has significantly increased student anxiety, diminished manual dexterity skills, and impacted future employment. Overall, these studies have provided useful insights into student perceptions of the impact of COVID-19 on dental school education. However, there is no literature exploring the perceptions of dental school faculty on the impact of COVID-19. It is essential to analyze student and faculty views to understand and address disparities and ultimately develop a more cohesive, comprehensive, and understanding learning environment for both faculty and students.

Purpose: The purpose of this study is to investigate and understand how the COVID-19 pandemic has affected both faculty and student populations in dental schools. We aim to examine the impact of COVID-19 on didactic, preclinical, and clinical learning and understand current perceptions of online learning during the pandemic. By identifying disparities in perceptions and examining how specific skills that have been impacted, we aim to develop tools and suggestions to improve the learning environment for both students and faculty.

Methods: A ten-minute voluntary survey was emailed to all students and faculty in April 2021. All subjects were contacted via the school provided list-serve. The survey was conducted online using REDCap, a secure web survey development platform, and data was stored electronically on HIPPA-compliant, password protected servers. The survey was live for one month with weekly reminders. Predoctoral faculty were divided into three groups (didactic, preclinical and clinical) and pre-doctoral students were divided into the 6 pre-doctoral classes (DMD1, DMD2, DMD3, DMD4, AS1, and AS2). Descriptive statistics will be used to summarize the data and will include means and standard deviations for continuous variables and frequency distributions for categorical variables. For continuous variables, differences between groups will be analyzed with t-tests and chi-square tests will be used for categorical variables, with statistical significance set at p<.05. Qualitative responses will be analyzed for major themes.

Results: We expect to find a significant difference between students and faculty in their preferred teaching methodology. We expect to see an overall decrease in the following student self-reported skillsets: Professional development, Preclinical skills, Clinical skills, Communication with peers and faculty, Time management, Mental health. We also expect to see a similar decrease in these reported parameters by faculty. We expect that there will be a significant difference in student responses based on their Learn-from-Anywhere (LfA) status. Additionally, we expect to find a significant disparity in faculty and student perceptions of remote learning methods regarding the following parameters: Delivery of content, Student engagement, Use of technology

Conclusions: Individuals strongly desire human interaction more than ever. As such, we believe that many students and faculty will prefer in-person teaching settings moving forward. Students attending oncampus commitments as compared to completely remote students may report significant differences in self-reported skill sets. We believe that students and faculty will suggest supplemental seminars, workshops, or rotations to enhance pre-clinical/clinical learning, promote communication, and aid in professional development.

BEST SCHOOL OF PUBLIC HEALTH ABSTRACT

Using Education Technology to Train Medical Volunteers in the COVID-19 Era

*Senila Yasmin, MPH¹; *Amanda Okaka, MPH¹; *Debbie Olawuyi, MPH¹; Claire Galvin, MPH¹; Savannah Reitzel, MPH¹ ¹SPH *co-first authors

Introduction: The COVID-19 pandemic challenged existing in-person medical training programs and forced us to rethink our educational delivery systems. At BUSPH, our team developed a virtual, interactive workshop on Acute Respiratory Infections (ARI) and Diarrheal Diseases for medical volunteers. Though the workshop was created for Nigeria, the content is transferable to any low- and middle-income countries (LMICs) where there is a high burden of ARI/Diarrheal Diseases.

Purpose: The purpose was to train medical volunteers in a virtual environment using interactive education technology tools. The goal was to equip volunteers with the skills and knowledge to intervene in the event of childhood illness based on the Integrated Management for Childhood Illness (IMCI) chart in a way that is culturally relevant and accessible. The objective was to see a 20% average increase in knowledge, as measured by pre- and post-tests.

Methods: The workshop was developed using relevant research on ARI/Diarrheal Diseases and conducted via Zoom. An online textbook was developed and assigned to participants ahead of the workshop. Our all-encompassing workshop consisted of:

1) Cultural exposure from individuals with experience in developing countries

2) Hands-on experience making an oral rehydration solution and how to wash your hands

3) Lecture-based components followed by application through group case study analysis

4) Visuals and videos to enhance learning

Workshop evaluation was through a Google Forms pre- and post-test with questions designed to assess retention of knowledge about ARI/Diarrheal Disease recognition and treatment, and cultural awareness of the setting where skills would be applied. Feedback was collected through video reflections.

Results: 20 students participated in this workshop. 15 answered the pre-test and 10 answered the post test. Questions on the post-test yielded an increase in the percent of correct responses when compared to the pre-test. An average correct response percent increase of 32.42% was seen between the pre- and post-test. 12 video reflections were submitted.

Conclusions: We have identified essential components of virtual learning that promote active learning and skill retention. The varied modes of delivery in our workshop supported individual, facilitated, and communal learning, as seen through positive participant feedback. Participants stated the material was comprehensive and gave insight into ARI/Diarrheal Diseases and activities would change their future practices. The case studies allowed participants to practice real-world application of the skills learned in the workshop. There were also measurable improvements in knowledge of ARI/Diarrheal Disease in LMICs, as seen through the pre- and post-test results. The average correct response percent increase between the pre- and post-test was 32.42%, above the 20% goal. Future workshops could be improved by shortening the didactic session, where participants tend to lose focus. Participants shared that they would have appreciated more details on pneumonia diagnosis and treatment. Future workshops should emphasize the distinction between homemade ORS treatment and packets of ORS. The team prepared an informative, culturally relevant workshop on ARI/Diarrheal Disease in LMICs. The interactive activities allowed volunteers to practice skills and knowledge acquired through the didactic portion of the workshop.

Thursday Abstracts Room 2: Professional Development and Wellness

Creating Leadership and Education to Address Racism (CLEAR): An Enrichment Series

Daniela del Campo, BA; BS¹; Rebecca Wolinsky¹; Nirisha Commodre¹; Philomena Nwanze¹; Maria Suarez-Gamma¹; Sabreea Parnell¹; JaMon Patterson¹; David Boamah¹; Jaco Hernandez¹; Kaye-Alese Green¹; Samantha Kaplan, MD, MPH² ¹SOM; ²Department of Obstetrics and Gynecology; SOM

Background: Sufficient education on the history of racism in medicine and its impact on clinical practice has historically been a minor aspect of the preclinical curriculum at Boston University School of Medicine. In the fall of 2019, a group of second-year medical students developed Creating Leadership and Education to Address Racism (CLEAR), a 6-session enrichment series dedicated to provide medical students with a hands-on opportunity to deepen their knowledge and understanding of race as a social construct, racism, and how both impact patients, providers, and medicine as an institution.

Objectives: The 2019-2020 CLEAR program was designed to engage students in focused and extended dialogues around racism in medicine. Interested students were connected to mentors, organizations, and leaders in the field. At the end of six weeks, they were equipped with tools to create a more equitable healthcare environment, and had the opportunity to pilot topics that could later be integrated into the curriculum.

Methods: Forty first- and second-year medical students applied to participate in the course. A total of six, 2-3-hour, evening sessions were held. Topics included: anti-racism 101, history of racism in medicine, racism and genetics, critical race theory and medicine, and racism on the wards. Each session was led by a group of students long with invited faculty, visiting professors and community experts on the respective topics. Discussions occurred through lectures, workshops, panel discussions, and clinical case reviews. Participants completed surveys before and after each class in addition to a pre and post survey to obtain feedback and assess whether the learning objectives were completed.

Results: Compared to the pre-course surveys, most students reported that they felt more confident in their knowledge of topics regarding racism in medicine and their ability to identify subtleties of racism in the clinical atmosphere. Qualitatively, students felt more prepared addressing issues of racism on the wards but would benefit from additional practical training.

Discussion: The Fall 2019 CLEAR enrichment series initiated necessary supplementation of topics in racism in medicine in the BUSM preclinical curriculum. The enrichment series was repeated and reenvisioned during the 2020-2021 school year. Future endeavors involve analysis of the 2019 and 2020 CLEAR curriculums and integrating topics into the mandatory BUSM curriculum. We invite the second iteration of CLEAR leadership to add and expand on our findings.

Professionalization of Medical Education in Minority Languages to Prevent Misuse of Limited Language Skills and Ad hoc Interpretation

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Introduction: In an increasingly global society, medical language courses present an opportunity to teach physicians the clinical communication skills needed to provide high quality care for patients who speak minority languages. Yet, despite a growing number of medical language programs, most courses are missing the professional framework that typically characterizes medical education. Specifically, a lack of standardized proficiency assessment and feedback, paired with unclear institutional guidelines around interpretation and bilingual care, paves the way for communication errors and disparities in healthcare for linguistic minorities. Within the context of the hierarchy in medicine, medical trainees are potentially vulnerable to overestimating their language ability in an effort to impress their supervising physicians or to save time by attempting to communicate with patients on their own using limited language skills instead of seeking a medical interpreter. Here, we will use the case of medical Spanish in the United States to provide a framework for the professionalization of minority language education in medical education settings and identify three key opportunities for professionalization, including: (1) equipping learners to self-assess language skills, (2) providing individualized performance feedback to learners, and (3) developing clear institutional policies regarding safe use of bilingual skills and partnership with medical interpreters.

Discussion: We propose that medical schools take the following steps: first, students should be guided in developing awareness of their own level of proficiency at the beginning and end of a medical second language course through standardized self-assessment. Second, this self-assessment should be complemented by faculty-led performance assessments such as SP encounters and used to provide individualized guidelines for language use, allowing students to improve or use their language ability without compromising patient safety. While even best-practice medical language instruction may not prevent all communication errors, the addition of individualized guidance for students on how to use their language skills would enhance their ability to self-assess strengths and limitations and would promote the professional use of language by holding clinicians to an appropriately high standard of service. Finally, institutional policies addressing interpretation and bilingual medical care are necessary to set professional expectations for all health care providers, including students. These recommendations for medical schools and medical trainees serve as a general framework for the professionalization of medical professionals are able to provide equitable health care to the patient populations they serve.

****BEST GRADUATE MEDICAL SCIENCES ABSTRACT****

Team Debate: A Novel Pedagogical Approach to Promote Ethical and Professional Development and Clinical Competency

Theresa A, Davies, PhD¹ ¹Department of Medical Sciences & Education; SOM; GMS

Introduction: Teaching especially during COVID-19 in a remote/in-person hybrid setting has promoted the use of novel teaching pedagogies to promote more active learning. As such, a new assignment was implemented in the Graduate Medical Science Course GMS OH 770 'Evidence Based Dentistry'. This is a course designed to provide students with an understanding of the importance of evidence-based decision making through the development of critical thinking skills and non-biased, analytical, reading of peer reviewed scientific literature through discussion of a wide range of topics in dentistry as well as ethical issues, cultural competence and professionalism in the broader dental field.

Purpose: The various ethical, clinical and professional issues surrounding short-term volunteer mission trips that many Prehealth students participate in have often been discussed. There is concern that these trips are often not be in the best interest of the communities which they aim to serve. This assignment was designed to assist students in evaluating the complex ethical and clinical issues around providing care in often unregulated healthcare settings.

Methods: Students in the class (n=44) were divided into eight (8) groups. Groups were called to debate and defend a particular point of view (POV) as part of the eight-part Mission Case. Groups met and prepared their POV prior to class and planned how they will defend their particular opinion. No research was expected, students were expected to use the knowledge they already had gained throughout the class to think about the people, issues and consequences surrounding the different scenarios presented. Prompts were provided to help guide students in the direction of their "POV defense". Following the two-hour debate, students were asked to reflect on their biggest 'take-away" from the debate on the Blackboard discussion board.

Results: Each group debated their point of view with advancing sequential scenarios based on the same dental student (Stephanie) and faculty (dentist). Students overall role played very positively even when they were debating a point of view that was not necessarily their personal opinion. Students highlighted the many positive motivations that drive such trips but also drew attention to the not so positive motives, the double standards that may apply, the unsustainability of many such trips and the potential harm to the communities they hope to serve.

Conclusions: Students rated the assignment including the debate and final reflection positively. The biggest "take-home messages" posted and overall class upon reflection by students were that clinicians and more importantly trainees are responsible for their own decisions and must be aware of their skills and limitations, that a clinician (dentist in this case) must take responsibility for their actions and all patients deserve the same quality of care whether here in the US or abroad, in our clinic or underserved communities.

Integrating Nutrition, Physical Activity, Emotional Wellness, and Sleep into Medical Training: Progress from the 'Nutrition, Metabolism, and Lifestyle' Vertical Integration Group (NML VIG)

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Background: Unhealthful lifestyle behaviors are major contributors to the most common and costly chronic diseases afflicting Americans, such as type 2 diabetes, cardiovascular disease, and many cancers (1, 2). Yet, physicians do not adequately address lifestyle behaviors (e.g. nutrition, physical activity, stress resilience practices, and sleep) in clinical practice despite believing it is important, citing insufficient skill and confidence as barriers (3, 4).

Objective: Our objective is to develop a curriculum guide that expands the role of lifestyle training in undergraduate medical education through the proposal of a comprehensive and evidence-based set of learning objectives (LOs) and competencies.

Methods: We founded our university's first Nutrition, Metabolism, and Lifestyle Vertical Integration Group (NML VIG) charged with producing a curriculum guide proposal for LOs and competencies to be vertically integrated into the 4 years of medical school. The NML VIG is divided into 5 working subgroups: (1) Nutrition and Metabolism, (2) Physical Activity, (3) Emotional Wellness and Resilience, (4) Sleep, and (5) Behavior Change Communications. We recruited a multidisciplinary team of 22 subgroup stakeholders in the fields of nutrition, dietetics, biochemistry, exercise physiology, sports medicine, sleep medicine, family medicine and integrative medicine, as well as medical students. This is overseen by 2 co-chairs (1 physician, 1 medical student). We met with pre-existing campus VIGs to define best approaches and practices. In addition to reviewing the literature, we are writing novel LOs, grouping LOs under overarching competencies, seeking peer review, and mapping final novel competencies to our institution's graduation requirements.

Results: Our work is actively in process with the product anticipated in May 2021. Our proposal will be submitted to our university's Medical Education Committee in May 2021, with anticipated integration into a revised 4-year curriculum being released in 2022. We will then share our process methods and curriculum guide so that other undergraduate medical universities can use lessons-learned and adapt the curriculum guide to their own medical education context. Several successes and challenges have already been identified.

Discussion: It is imperative to increase providers' self-efficacy in addressing the factors that constitute first line therapy for many of our most burdensome chronic diseases--behavior change in the domains of nutrition, physical activity, emotional resilience, and sleep. Widespread adoption of our peer-reviewed curriculum guide will equip future generations of graduating medical students with the knowledge and skills needed to integrate productive conversations about lifestyle behaviors into routine clinical care.

Previously presented at American Medical Student Association, March 6, 2021

The Use of Personality Assessment in Mentoring and to Aid in Self Reflection in Orthopedic Surgery Residency Programs

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Background: Personality plays an important role in performance in medical education and mentorship. Personality assessment can aid in the ability to identify strengths and areas for development by understanding how one's personality influences their learning and interpersonal relationships.

Objectives: Evaluate personality assessment as an effective tool in mentoring during orthopedic residency.

Methods: A prospective, cross-sectional study from two orthopedic surgery residency programs using the Hogan Personality Inventory. Participants completed a survey regarding their experience with the assessment. Descriptive statistics were calculated and two-sample t-tests were used to examine differences between groups.

Results: 34 individuals completed the survey. 82.4% reported the HPI very accurately represented them. 58.8% reported better understanding potentially perceived strengths and weaknesses. 75.7% and 72.7% were satisfied with their mentorship with respect to development as a clinician and researcher, respectively. Significant differences were seen between participants who did and did not re-review their results, and participants who did and did not believe their results profile was accurate.

Conclusions: Personality assessments can be valuable in promoting introspection and strengthening relationships within orthopedic surgery when they are valued and emphasized by the user. Results suggest using the HPI provided participants with a better understanding of their perceived strengths and weaknesses.