

Professional Development: Academic Posters driven by Program Coordinators and Administrators

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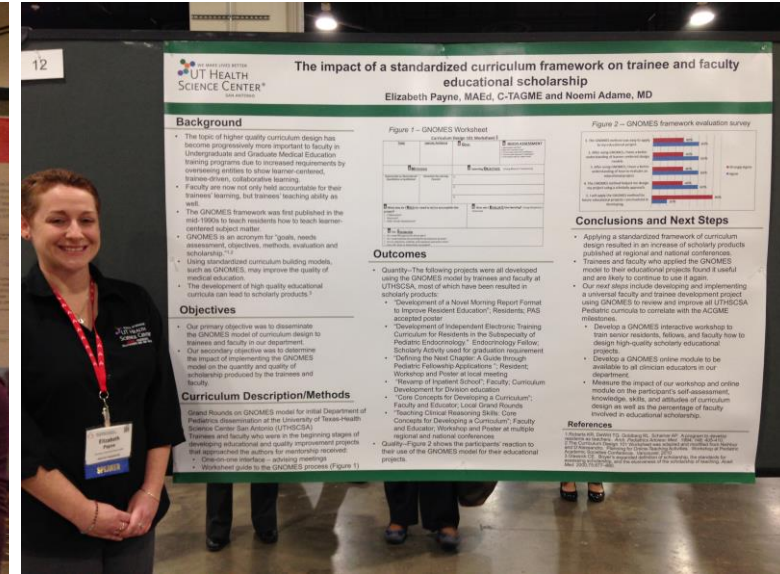
UT Health
San Antonio

Disclosure

I have no financial relationships or conflicts of interest to disclose.



Beth Wueste, MAEd, C-TAGME, LSSBB



Parking Lot



One Word...

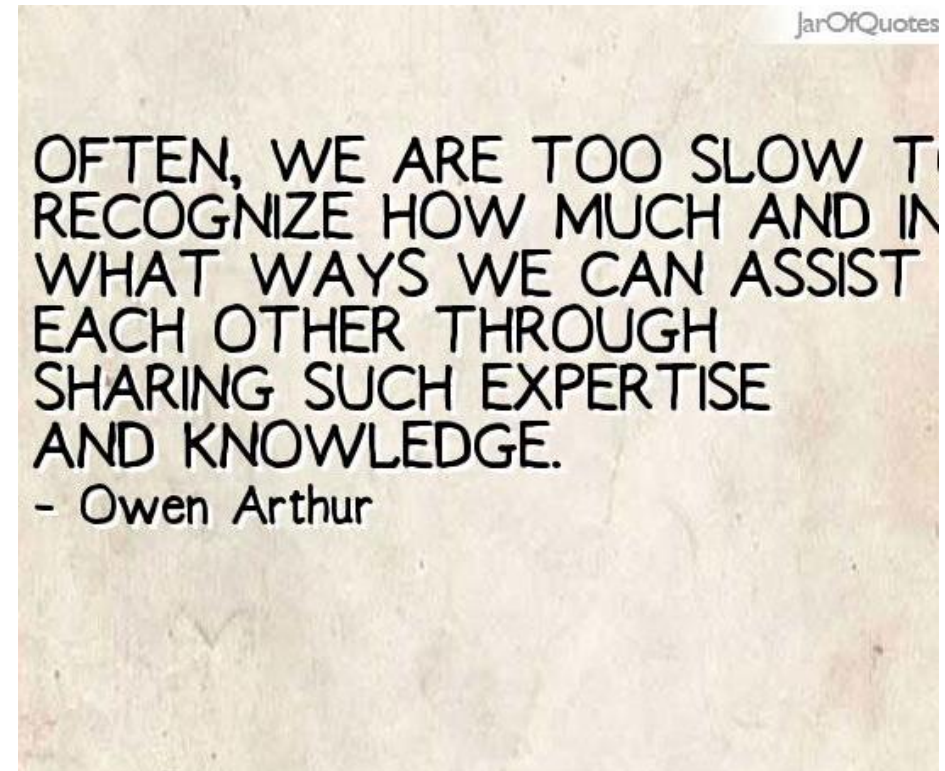
“Scholarly Activity”

Defining scholarly activity for coordinators . . .

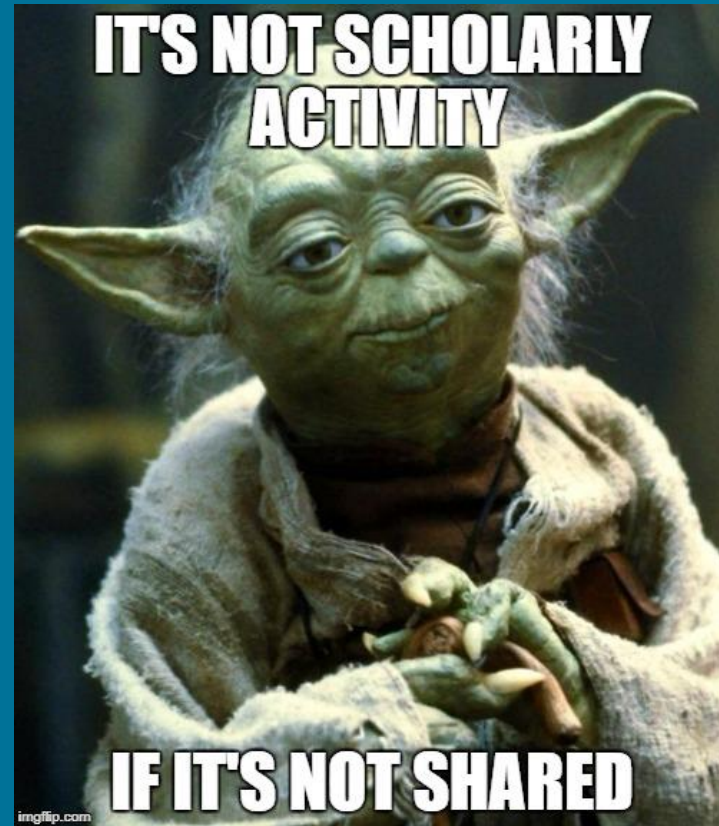
Scholarly activity can be defined for our purposes, as **ANY** activity that involves the intellectual and creative process in a way that brings credit on the individual and/or the department and college in a significant way.

Why me?

- Best Practice
- Professional Development



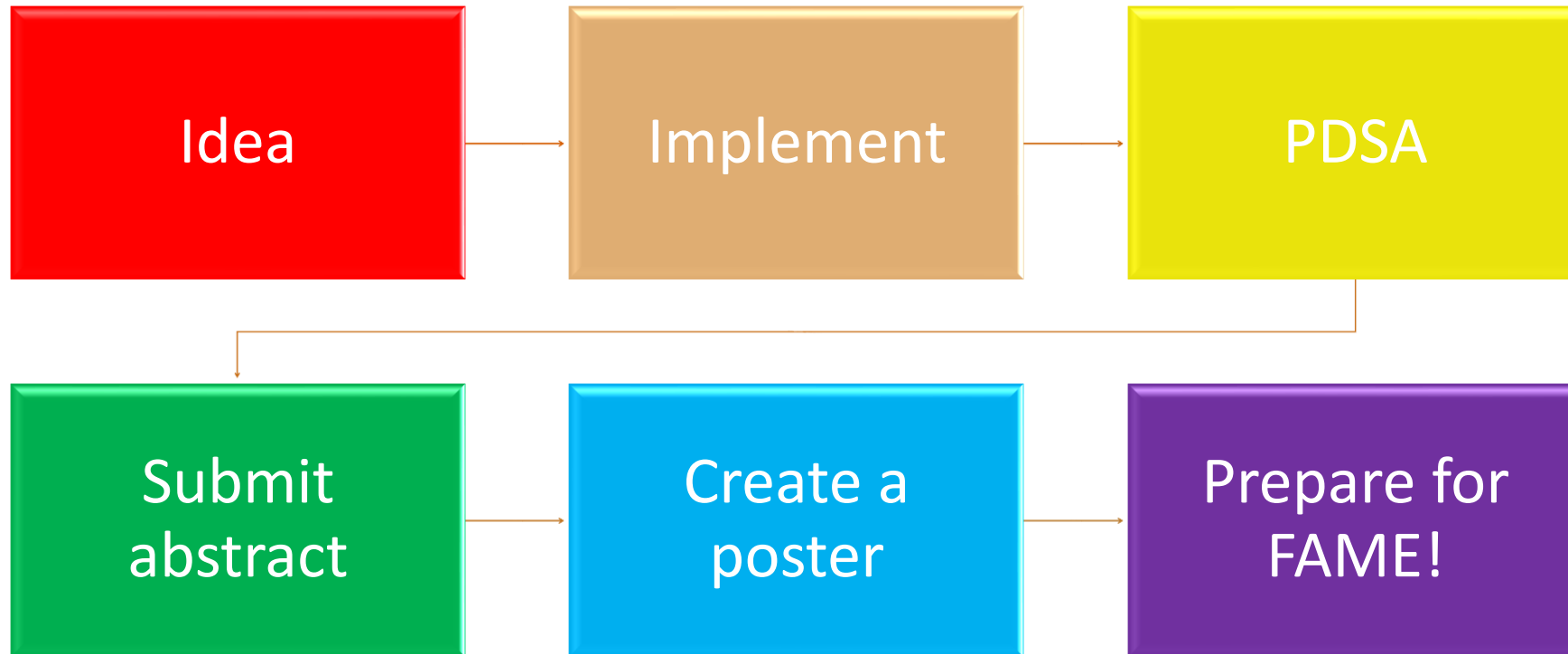
Review basic concepts
for poster creation



What IS a Poster?

A poster is a visual abstract. It contains many or all of the major components of an abstract, but uses graphs, charts and/or other visual components to generate interest.

Process to Poster Creation



Where do I begin?

1. What is the most important finding from my project?
2. How can I visually share my outcomes?
3. What kind of information can I convey during my talk?

Parts

- Title
- Introduction
- Abstract (later)
- Purpose
- Materials/Methods
- Results
- Conclusions/significance
- References
- Key words



This is the Position and Area of the Title for Your Poster Session

John D. Smith, RDH, MS, Susan L. Dorman, MS, DDS, Anthony Jones, MD
The University of Texas Health Science Center at San Antonio

Introduction

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Abstract

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Materials and Methods

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Results

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Conclusion

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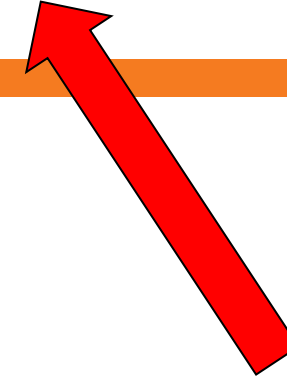
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References

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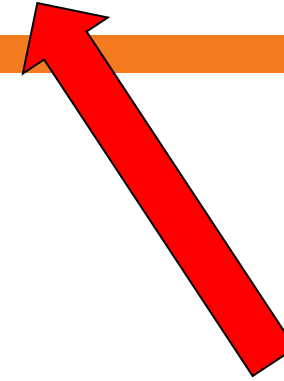




Title

Overall goal is to attract viewers and clarify the subject matter of your poster.

- Brief but focused
- No longer than 2 lines
- Sentence case
- Leave the “Text Speak” out



Authors

List only those that actively contributed and participated in the project

- Last Name, First name, Degree
- First author did more than 50%
- Last author is the supervisor

Introduction

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Introduction

- Less than 150-200 words
- Keep it simple and intriguing
- Bullets or paragraph
- Describe your study
 - why its important
 - how your analysis will build on the existing research

Materials and Methods



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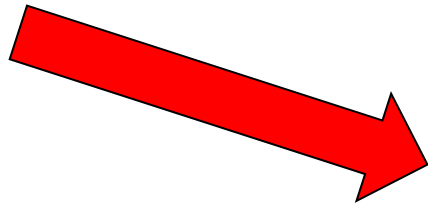
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Materials And Methods

- Show your work
- Include any images of tools
- Provide a rationale
- Reproducible

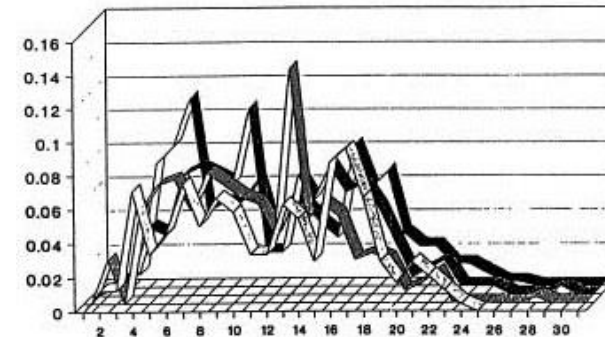
Results

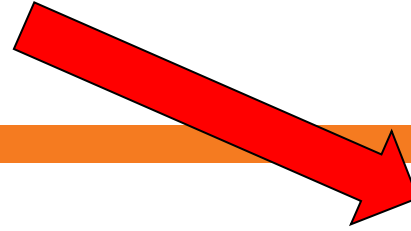
- summary of valid results
- relationship between data and research
- Insert graphics here – sometimes



Results

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Conclusions

- Review questions and results
- Include significance
- Next Steps

Conclusion

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References

- Check the format requirements
- Footnote accuracy
- MLA vs APA



References

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Acknowledgments

- Proper kudos
- IRB notation
- Conflicts of Interest
- Short and sweet



Effective Tips

- 4 feet away rule
- Snazzy Title
- Concise, Clear and Impactful
- Easy to read
- Effective use of aesthetics
- Consistent and clean layout
- Includes all sections/information



Before you Print

- Requirements
- Outside Reviewers
- S-P-E-L-L
- Sized and Clear
- Prep Time

Theiyr're

Take that, grammar police!

Poster submission 101

Abstract

An abstract is a brief summary of your completed research or project.

ACGME Abstract Information

- Background
- Objectives
- Methods
- Results/Outcomes/Improvements
- Conclusion

Where do I submit?

- University based research or education highlight days
- ACGME
 - Call for abstracts
- AAMC
- Specialty Specific
- Create your own poster day – use a rubric, blind selection, etc

Now what?

Prepare to SUBMIT!!!!



Review Topics
requested (Meeting
Theme)



Create Abstract



Look into the
Audience

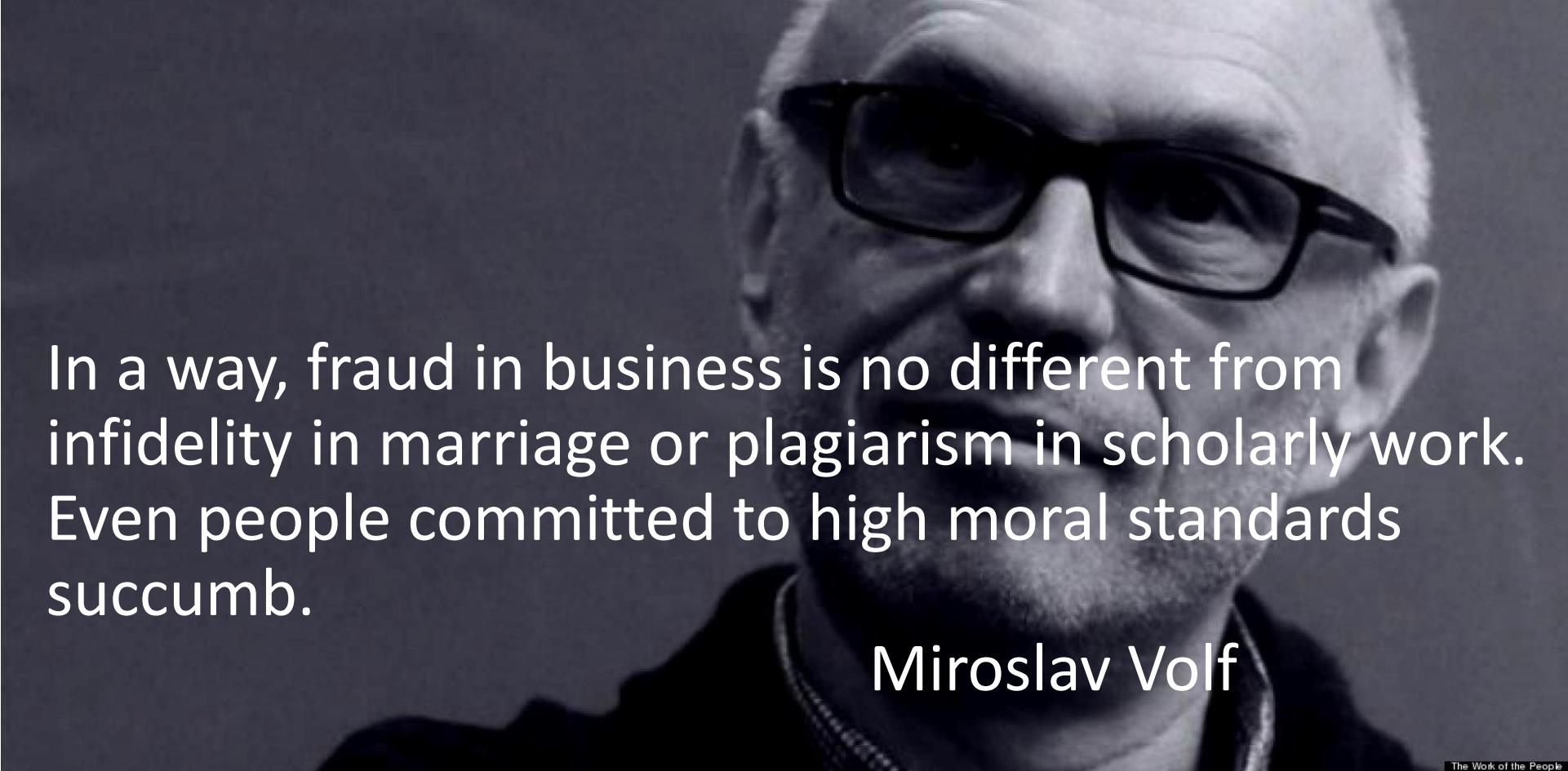


Meet all Deadlines



Review Rubrics used

Professional Etiquette

A black and white close-up portrait of Miroslav Volf, an older man with glasses and a slight smile. The text is overlaid on the lower half of the image.

In a way, fraud in business is no different from infidelity in marriage or plagiarism in scholarly work. Even people committed to high moral standards succumb.

Miroslav Volf

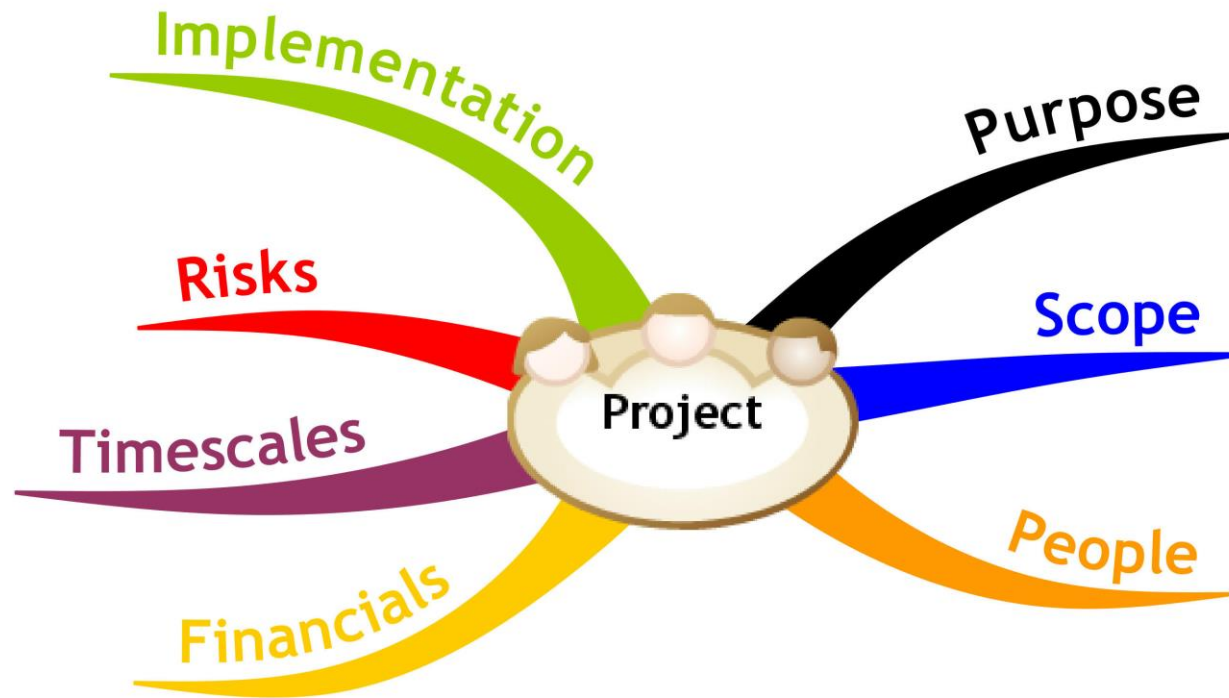
Discuss ideas for
poster content

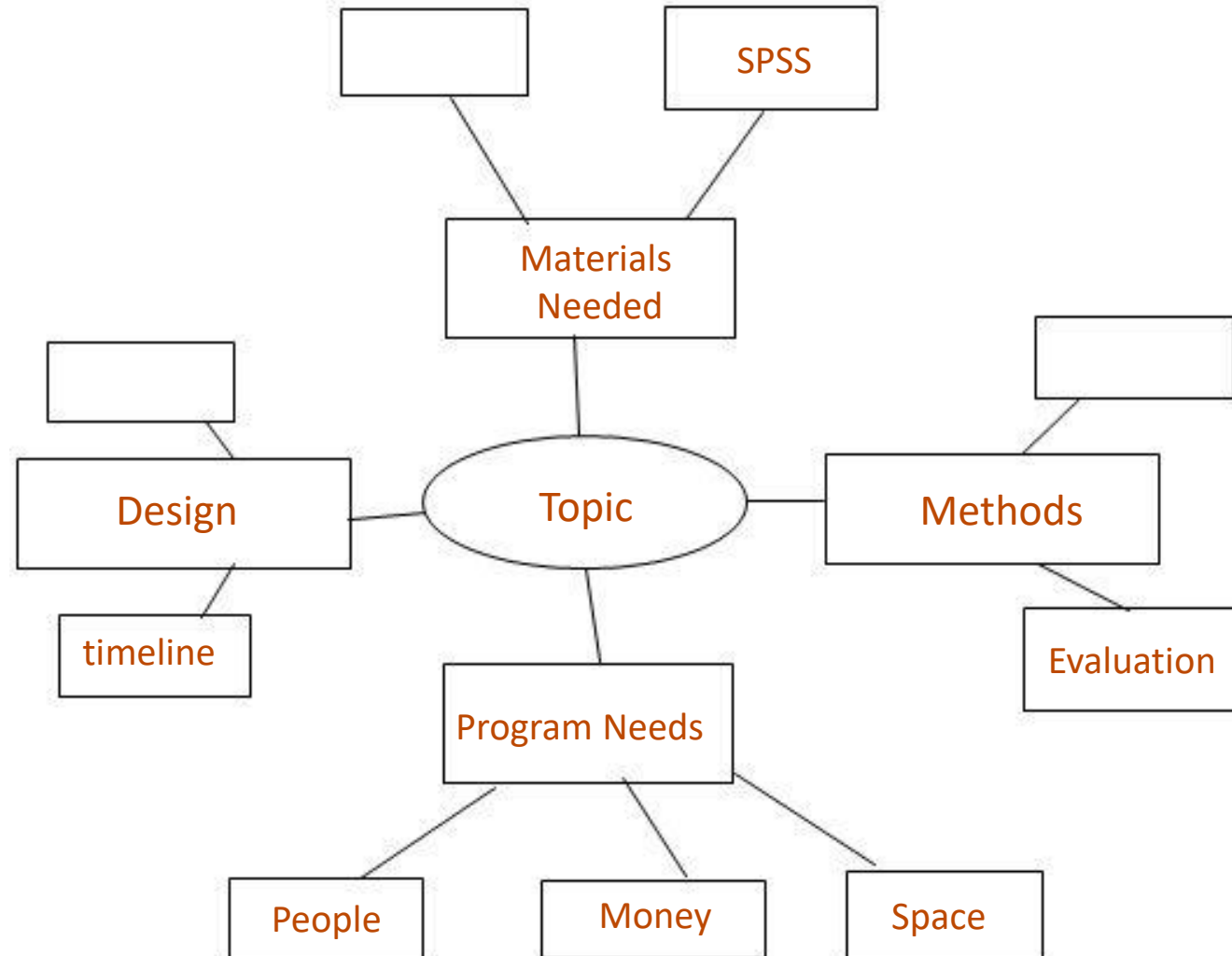
**IF YOU HAVE
KNOWLEDGE, LET
OTHERS LIGHT THEIR
CANDLES IN IT.**

Margaret Fuller

PICTUREQUOTES.com

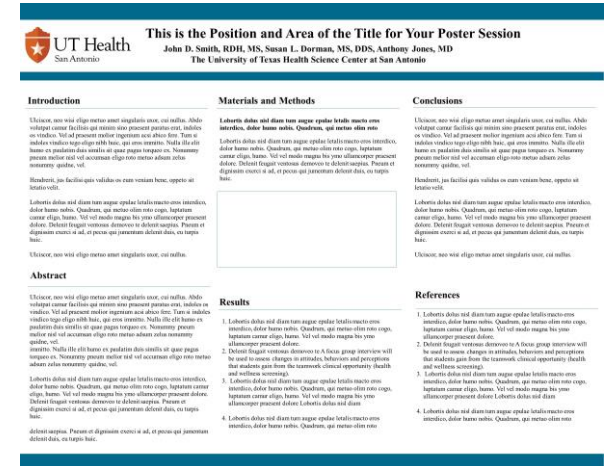
Mind Mapping





Group Activity

- THINK – 1 min
 - Best Practice, Process or Project
 - Meeting based idea or concept
- WRITE – 3 min
 - Describe your project in bullet points
- SHARE
 - If interested share with the large group

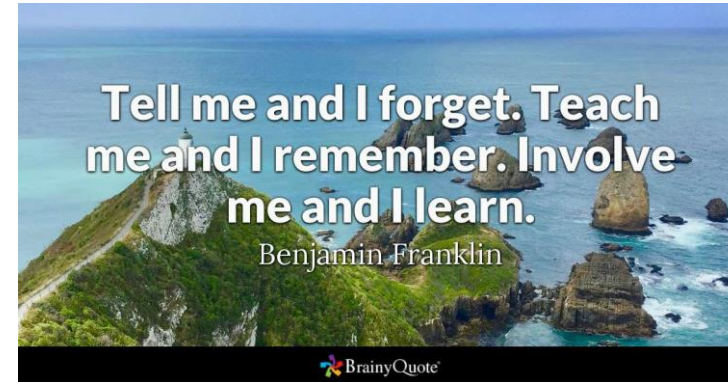


Ideas

- Developing national-level best practices for incorporating the NEW Milestones in already established systems/processes
- Uses of various technologies in residency management
- Survey of the benefits of TAGME certification
- Integration/compatibility of systems, i.e. ACGME, ABP, APPD, AAP data collection
- (Virtual) Recruitment practices and the matching system
- Usefulness of various social media outlets
- Comparative study of 2 different didactic formats

Create, Learn & Teach

- Create by yourself
- Create with other PC's
- Create with trainees
- Create with faculty
- Create with other fields (nursing, teachers, etc)
- Judge posters using Rubrics
- Teach trainees how to create a poster – this is an invaluable skill!!!



Introduction

Healthcare post graduate medical education (GME) is placing increasing emphasis on interdisciplinary patient-care, as evidenced by the inclusion of the Clinical Learning Environment Review (CLER) program by the Accreditation Council for Graduate Medical Education (ACGME). Training programs have traditionally included quality and patient safety initiatives, but few have formally introduced a multifaceted team approach beyond bedside care. Knowing that quality GME and patient care result from true health team collaboration, an innovative venture called the Pediatric Buddy Program (PBP) was developed between the Department of Pediatrics at the University of Texas Health Science Center at San Antonio (UTHSCSA) and their primary clinical learning partner. This program, driven by a large scale hospital transition of the residency program in 2014, pairs pediatric nurses and interns with an overarching goal of encouraging a cooperative clinical work environment. Through shared inter-team partnership on mutually valued system improvement projects, positive cultural shift in the clinical learning environment and GME is promoted.

Program Design

Cohort 3 consists of 14 interns and 4 nurses. Teams will develop QI projects centered on wellness in medicine given the current national trends relating to burnout, depression and overall physician well-being. The focus is through the lens of healthcare team well-being and how it impacts patient care and safety. Teams were introduced to the topic via information and statistics sharing from the ACGME Symposium on Physician Well-Being. Project topics include:

- Time Management and Organizational Skills
- Stress and Burnout Management
- Bullying in the Workplace
- Communication Styles and Techniques

Methods

The PBP is a 12-month commitment, enrolling a new cohort each year. Interns participation is required and nurse participation voluntary. Team composition varies yearly to accommodate changing nurse enrollment, however the overall structure of the program has remained consistent:

- Team formation during a highly interactive CLER-centered orientation.
- Protected quarterly didactics providing Quality Improvement (QI) knowledge partnered alongside the project goals to allow for experiential and real time learning.
- Development of a status based collaborative QI project.
- Completion of pre- and post-program participation and knowledge surveys gauging intern/ nurse collaboration attitudes.
- Completion of 12 months of reflective journaling.

Results

The overall goal for the current cohort is to create inter-team driven educational projects, i.e. presentation, curriculum, handbook, on-wellness topics utilizing qualitative research methodology. Pre-and post-knowledge and exposure data, along with twelve months' worth of reflective journaling will be analyzed to evaluate if interprofessional partnership on mutually valued projects positively impact collaborative attitudes. Participants will demonstrate attainment of system improvement knowledge by completing and submitting for review of their scholarly projects. They will also gain invaluable insight into their personal and professional growth development. Cohort 3 began June 2016 and all project deadlines are June 2017.

Conclusions and Next Steps

• The majority of trainees in this study self-assessed that their CR skills improved upon completion of this interactive, web-based curriculum.
 • Trainees also reported a positive reaction towards the quality of the curriculum.
 • Our next steps are to analyze their pre and post Script Concordance Test scores to objectively determine the impact of the curriculum on CR skills. The Script Concordance Test is a feasible, reliable, and validated tool to assess CR skills.
 • Long-term, our goal is to assess the impact of the curriculum on 'real-time' clinical decision-making and patient care.

The impact of a web-enhanced, interactive curriculum on trainees' self-assessment of clinical reasoning skills

Noemi Adame, MD; Elizabeth Payne, MAEd; Michelle Arandes, MD; Mary Agnes Maxwell-Jackson, PhD; Stephanie Reeves, DO; Haneme Idriz, MD; Jean Petrashek, MD

Introduction

• Clinical reasoning (CR) skills refer to the processes clinicians use to interpret data to make decisions regarding patient management.^{1,2}
 • CR skills can be taught using innovative and interactive methods.^{3,4}
 • Excellent CR skills are essential to avoid diagnostic errors!
 • Work hour restrictions present logistical challenges to implement an effective CR curriculum for pediatric residents.
 • Web-based learning (WBL) is one teaching strategy to asynchronously deliver the same curricular content to trainees.

Objectives

• Our primary objective was to determine the impact of an interactive, web-based CR curriculum on pediatric residents' self-assessment of their CR skills.
 • Our secondary objective was to determine the residents' reaction to the perceived quality of the curriculum.

Conclusions and Next Steps

• The majority of trainees in this study self-assessed that their CR skills improved upon completion of this interactive, web-based curriculum.
 • Trainees also reported a positive reaction towards the quality of the curriculum.
 • Our next steps are to analyze their pre and post Script Concordance Test scores to objectively determine the impact of the curriculum on CR skills. The Script Concordance Test is a feasible, reliable, and validated tool to assess CR skills.
 • Long-term, our goal is to assess the impact of the curriculum on 'real-time' clinical decision-making and patient care.

Positive Effects of Group Mentoring – The B.E.T.H.'s

Beth Payne, MAEd, C-TAGME, Yvette Foster, BA, Carolina Hinojosa, BA, Janette Sheppard-Dukes, Maria Miller, MD, The University of Texas Health Science Center at San Antonio

Introduction

• The role of program coordinators (PCs) in Graduate Medical Education (GME), although always there as a community of leaders and learners.
 • Currently PCs receive little to no formal career training, professional development or personal growth opportunities.
 • Additionally, their ongoing a coordinator receives on national best practices through word of mouth or at a national meeting if their department can fund the travel.

Materials and Methods

• Decisions made about the group's purpose, processes and outcomes.
 • Leader always offers an open forum for feedback and communication.
 • Meetings held quarterly and weekly email communication.
 • Power struggles avoided during the absence of having a designated leader.
 • Learned about each other and how well we fit into the dynamic of the group.
 • This also was necessary to create bonds and nurture respect for each other's differences.

Conclusions and Next Steps

• There are no plans to discontinue this group.
 • New members will be recruited to maintain group.
 • Current members will provide leadership and guidance to new trainees in order to have their own group based on project.
 • The coordinating group will continue to meet on a quarterly basis and new goals will be set.
 • Quarterly meetings will include one team building exercise or group project for residents on personal or work development.

Early discharges increased by 300% and admission wait times decreased by 5 hours with a Lean Six Sigma discharge focused culture

Authors: Nick Stansbury, MD, Marlow Taylor, MD and Beth Wueste, MAEd, LSSSB

Background

Due to unavailability of beds in the pediatric inpatient unit due to late discharges, admission times from the emergency department (ED) often exceeded 15 hours. Therefore, a more detailed look into the discharge process was undertaken through a quality improvement (QI) initiative.

Methods

To evaluate discharge obstacles, a fishbone analysis was created. After discharge obstacles were evaluated, two PDCA cycles began focused on discharge focused rounding, with discharge orders before 10am and discharge before noon goal and discharge before shift changes.

Results

Percent of Discharges before 12pm: 40% (Before) vs 80% (After)
 Hours waiting till Admission: 15 (Before) vs 5 (After)

The impact of a standardized curriculum framework on trainee and faculty educational scholarship

Elizabeth Payne, MAEd, C-TAGME and Noemi Adame, MD

Background

• The topic of higher quality curriculum design has become progressively more important to faculty in Undergraduate and Graduate Medical Education training programs due to increased requirements by overseeing entities to show learner-centered, trainee-driven, collaborative learning.
 • Faculty are now not only held accountable for their trainees' learning, but trainees teaching ability as well.
 • The GNMES framework was first published in the mid-1990s to teach residents how to teach learner-centered subject matter.
 • GNMES is an acronym for 'goals, needs assessment, objectives, methods, evaluation and scholarship'.^{1,2}
 • Using standardized curriculum building models, such as GNMES, may improve the quality of medical education.
 • The development of high quality educational curricula can lead to scholarly products.³

Objectives

• Our primary objective was to disseminate the GNMES model of curriculum design to trainees and faculty in our department.
 • Our secondary objective was to determine the impact of implementing the GNMES model on the quantity and quality of scholarship produced by the trainees and faculty.

Conclusions and Next Steps

• Quantity – The following projects were all developed using the GNMES model by trainees and faculty at UTHSCSA, most of which have been reported in scholarly products.
 • "Development of a Novel Morning Report Format to Improve Resident Education", Residents, PAs accepted poster.
 • "Development of Independent Electronic Training Curriculum for Residents in the Subspecialty of Pediatric Endocrinology", Endocrinology Fellow, Scholarship Activity used for graduation requirement.
 • "Defining the Next Chapter: A Guide Through Pediatric Fellowship Applications", Resident, Workshop and Poster at local meeting.
 • "Revamp of Inpatient School", Faculty, Curriculum Development for Educator education.
 • "Core Concepts for Developing a Curriculum", Faculty and Educator, Local Grand Rounds.
 • "Teaching Clinical Reasoning Skills: Core Concepts for Developing a Curriculum", Faculty and Educator, Workshop and Poster at local meeting.

The Move to 21st Century: A Virtual Pediatric Inpatient Retreat

Beth Wueste, MAEd, C-TAGME, LSSSB, Michelle Arandes, MD, & Kelly Gallegos, MA

Background

• Covid-19 challenged us all to rethink and rebol residency traditions.
 • Inpatient Retreat, an annual tradition, was a key event and recruitment tool for 17 years. The retreat aims to establish a bond, develop effective communication skills, and cultivate strategies for resilience and a positive residency experience.
 • Due to Covid, leadership preferred to host the event virtually, refraining to ensure bonding and team building still occurred.

Methods

• The program wanted to offer online activities that were timely and relevant with tangible outcomes based on best practices for virtual learning.
 • Literature review and current ACGME survey results were used to develop activities focused on sustaining engagement and cultivating growth mindset of physicians as a method to prepare them for training and eventual practice.
 • Retreat topics included Quality Improvement methodology, introspective self-reflection, emotional intelligence feedback, becoming a confident master learner, and growth mindset in career development.
 • Virtual learning best practices used was a flipped classroom approach with pre-reading or a self-assessment coupled with highly interactive lectures using breakout room groups, polling, and whiteboards.
 • To meet the need for bonding and supporting for those in the program gave "goodie bags" with items used during the retreat activities.

Results

• An assessment was distributed and showed the interns strongly agreed that the layout and topics were relevant and presented in a useful, engaging manner.
 • Survey score results were higher than previous in-person retreat events.
 • The interns noted that Zoom was used effectively, length of lectures held their interest, and the social activities allowed them to bond as a class.

Conclusions and Next Steps

• The outcome showed that this layout provided a similar if not better outcome than previous retreats.
 • The creation of this new model supports the idea that a hybrid-learning situation can expand our ability to provide expert speakers, engage in novel activities, and allow trainees to remain safe during a pandemic.
 • This novel program can reduce stress, decrease cost, increase participation, and support other searching for best practices from their GME colleagues and community.

Early discharges increased by 300% and admission wait times decreased by 5 hours with a Lean Six Sigma discharge focused culture

Authors: Nick Stansbury, MD, Marlow Taylor, MD and Beth Wueste, MAEd, LSSSB

Background

Due to unavailability of beds in the pediatric inpatient unit due to late discharges, admission times from the emergency department (ED) often exceeded 15 hours. Therefore, a more detailed look into the discharge process was undertaken through a quality improvement (QI) initiative.

Methods

To evaluate discharge obstacles, a fishbone analysis was created. After discharge obstacles were evaluated, two PDCA cycles began focused on discharge focused rounding, with discharge orders before 10am and discharge before noon goal and discharge before shift changes.

Results

Percent of Discharges before 12pm: 40% (Before) vs 80% (After)
 Hours waiting till Admission: 15 (Before) vs 5 (After)

Take a picture to download the abstract and figures.

The impact of a standardized curriculum framework on trainee and faculty educational scholarship

Elizabeth Payne, MAEd, C-TAGME and Noemi Adame, MD

Background

• The topic of higher quality curriculum design has become progressively more important to faculty in Undergraduate and Graduate Medical Education training programs due to increased requirements by overseeing entities to show learner-centered, trainee-driven, collaborative learning.
 • Faculty are now not only held accountable for their trainees' learning, but trainees teaching ability as well.
 • The GNMES framework was first published in the mid-1990s to teach residents how to teach learner-centered subject matter.
 • GNMES is an acronym for 'goals, needs assessment, objectives, methods, evaluation and scholarship'.^{1,2}
 • Using standardized curriculum building models, such as GNMES, may improve the quality of medical education.
 • The development of high quality educational curricula can lead to scholarly products.³

Objectives

• Our primary objective was to disseminate the GNMES model of curriculum design to trainees and faculty in our department.
 • Our secondary objective was to determine the impact of implementing the GNMES model on the quantity and quality of scholarship produced by the trainees and faculty.

Conclusions and Next Steps

• Quantity – The following projects were all developed using the GNMES model by trainees and faculty at UTHSCSA, most of which have been reported in scholarly products.
 • "Development of a Novel Morning Report Format to Improve Resident Education", Residents, PAs accepted poster.
 • "Development of Independent Electronic Training Curriculum for Residents in the Subspecialty of Pediatric Endocrinology", Endocrinology Fellow, Scholarship Activity used for graduation requirement.
 • "Defining the Next Chapter: A Guide Through Pediatric Fellowship Applications", Resident, Workshop and Poster at local meeting.
 • "Revamp of Inpatient School", Faculty, Curriculum Development for Educator education.
 • "Core Concepts for Developing a Curriculum", Faculty and Educator, Local Grand Rounds.
 • "Teaching Clinical Reasoning Skills: Core Concepts for Developing a Curriculum", Faculty and Educator, Workshop and Poster at local meeting.

"I appreciated having leaders in the field taking the time to share their knowledge with us."

"Loved the emphasis on wellness"

"The self assessments were eye-opening"

Project link

INSTRUCTIONS:
 1. Open Camera on your Phone
 2. Aim it at the Flowcode
 3. Tap the banner that appears

“Unless you try to do something beyond what you have already mastered, you will never grow.”

Ralph Waldo Emerson



Parking Lot



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