

2016

# C O R D

EM

***Academic Assembly***  
***March 6-9, 2016***



***Nashville***  
MUSIC CITY



**Mentorship. Innovation.**  
**Collaboration.**

# ACADEMIC ASSEMBLY MOBILE APP

Full CORD *Academic Assembly* Schedule of Events, Maps, Twitter, Facebook, evaluations, restaurant list, and poster session and more on your mobile device.

## Download

CORD's 2016 *Academic Assembly* Guidebook on the Apple App Store or Android Marketplace, or visit [guidebook.com/cordaa16](http://guidebook.com/cordaa16)



**COMPLETELY FREE!**

Scan to download guidebook app and search CORDAA16



## Connect

## Share



## Engage

Tweet about the Conference



@CORD\_EM  
#CORDAA16

Post on Facebook



[www.facebook.com/cordem](http://www.facebook.com/cordem)

# CORD

EM

# PROGRAM CONTENTS

Conference Summary and Objectives .....	4
Welcome to Nashville .....	5
Planning Committee Members Thank You .....	6-7
Disclosure of Relevant Financial Information with Commercial Companies .....	8-10
Closing Reception .....	11
Safari Dinners.....	12
CORD Business Meeting .....	13
Conference Schedule by Day.....	14-19
Hotel Map/Room Layouts .....	20
Committee Schedule .....	21
Other Fun Things To Do .....	22-23
2016 Awards .....	24-25
Course Descriptions .....	26-45
Index of Conference Abstracts .....	46-50
Research & Innovations Poster Session Layout .....	51
Advertising .....	52-63
Next Year in Fort Lauderdale .....	64



## Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American College of Emergency Physicians and Council of Emergency Medicine Residency Directors. The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this live activity for a maximum of 26.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for a maximum of 26.75 hour(s) of ACEP Category I credit.

The ACOEP has requested that the AOA Council on Continuing Medical Education approve this program for 6 credits of AOA Category 1-A CME credits. Approval is currently pending.

To access the Handouts, Presentations and Evaluations for the sessions please go to [cordem.org/HandoutsEvals](http://cordem.org/HandoutsEvals). Click on the *Handout* or *Presentation* links for the session of your choice. To complete the evaluations please go to the *Session Evaluation* link at the top of that page.

# CONFERENCE SUMMARY

The optimal education and assessment of medical students, emergency medicine residents, and emergency medicine fellows, and the effective management of emergency medicine residencies and educational programs are continuously evolving processes. Teaching to adult learners who have grown up in the technological age requires innovative didactic and assessment tools and an understanding of best practices in teaching and assessment. It is also necessary to respond effectively to an increasingly complicated regulatory environment, including, the Next Accreditation System, the institution of Milestone-based competency assessment, and the increasing focus on Patient Safety and Quality Improvement initiatives. Residency and student management demands multiply every year.

Maintaining professional and personal balance and successfully advancing a career focused on education in emergency medicine is a constant challenge. Collaboration between emergency medicine programs, specialties, national emergency medicine organizations and accreditation associations facilitates and enhances resident and medical student education, assessment, and program management.

The **2016 CORD Academic Assembly** will provide a spectrum of expert panel discussions, didactic sessions, interactive small group breakouts, research presentations, and consensus working groups, all specifically designed by and for educators in emergency medicine to address the needs of our unique teaching environment. It will also focus on new teaching and learning modalities including FOAMed to give our teachers new ways to connect with their learners.

## **CORD AA 2016 Mentorship, Innovation and Collaboration.**



## **OBJECTIVES**

Upon completion of this conference, emergency physicians and program coordinators will:

1. Incorporate milestones-based assessment tools into the training of emergency medicine residents.
2. Improve the written and verbal assessment and remediation of medical students and emergency medicine residents.
3. Incorporate advances in online learning, small-group discussion and lecture design, simulation and emerging technology to more effectively educate medical students and emergency medicine residents.
4. Discuss methods to support faculty development, promotion and life/career balance in academic emergency medicine.
5. Share cutting edge educational research and innovations and develop the skills to perform high quality educational research.
6. Review the latest RRC updates, program requirement revisions and best practices in resident and medical student education.

On behalf of the **CORD Academic Assembly Planning Committee**, it is with great pleasure and honor that we welcome you to the **2016 CORD Academic Assembly in Nashville**. Our theme for this year is **Mentorship. Innovation. Collaboration.**

## CONFERENCE HIGHLIGHTS

### • NEW PROGRAMS AND LEADERS

This track uses an interactive, small-group format targeted to newer program leadership, both PDs and APDs. Sessions will cover both the pragmatic and the personal aspects of running a residency program. The track will also feature a “fair” that involves multiple stations as well as multiple sessions that involve content for other tracks such as NAW and BP. One of these is a special session for the AOA to ACGME transition. Participants will leave with a network of new contacts and with skills and tools to help successfully lead their program.

### • iMedEd

Now a two day track with a new name, this track introduces cutting edge technological advances in medical education utilizing both interactive sessions and a “FOAMBar” for individualized instruction. Cutting edge approaches to education in a world of rapidly expanding informational sources.

### • BEST PRACTICES

Old favorites return, including “PD Survival Stories,” “Educational Soundbites,” and the successful “560” series of rapid fire talks on educational topics with a theme. New this year are multiple sessions that combine BP with other tracks such as NPL and NAW and CDEM. A must for any program director in EM!

### • NAVIGATING THE ACADEMIC WATERS

This track incorporates fundamental junior faculty development topics including mentorship, time management, weighing the merits of pursuing additional degrees, and leadership/academic advancement. Attending these sessions will facilitate both personal and professional growth of faculty, as well as graduating residents just beginning their academic careers. In addition, NAW will combine with other tracks for multiple interactive sessions this year.

### • CLERKSHIP DIRECTORS IN EMERGENCY MEDICINE (CDEM)

CDEM is an invaluable resource for Clerkship Directors and continues to expand its scope, with sessions on advising students, curricular innovations, journal club, and the SLOE. CDEM is a wonderful forum to interact with other leaders in emergency medicine medical student education. This year, CDEM is including a new consensus conference on end of shift assessment.

### • RESIDENT TRACK

This **three-day** track helps residents foster the skills that will be critical to their development and transition smoothly to their first academic position. Sessions will be interactive including CV preparation, landing your dream job, transitioning to junior faculty, presentation skills and design, and leadership.

### • ADVANCES IN EDUCATION RESEARCH AND INNOVATIONS

Back for 2016 are the ever popular lightning-oral research presentations as well as the Wine and Cheese Poster Session highlighting cutting-edge educational research and educational innovations. New this year are ePosters and expanding of the poster session to lunch and afternoon on Day 1. All day we will have an ePoster bar to allow more time to peruse exciting abstracts.

### • EMERGENCY MEDICINE ASSOCIATION OF RESIDENCY COORDINATORS (EMARC)

This track is devoted to the development of residency coordinators. Sessions will cover important updates in recruitment and interviewing, residency budget, social media, and time devoted to developing productive and satisfying working relationships with program directors.

In keeping with previous traditions of *Academic Assembly*, there are many opportunities for spending time with old colleagues and meeting new ones at the conference and during leisure hours with **CORD’s Night Out! Safari Dinners with Your Colleagues**. Don’t miss the hugely popular **CPC Semi-Final competition** on Sunday, a great opportunity for your residents and junior faculty to join in on the fun and learning. And don’t miss the closing reception on Tuesday, March 8 at the **Country Music Hall of Fame**.

We hope you enjoy the sites and sounds of Nashville while at *CORD Academic Assembly 2016: Mentorship. Innovation. Collaboration.*

Sincerely,  
Jonathan Fisher, MD, MPH & Megan Fix, MD  
Co-Chairs, Academic Assembly Program Committee

**Layla Abubshait, MD**

Synergy Medical Education Alliance

**Sara Adibi, MD**

Central Michigan University

**James Ahn, MD**

University of Chicago

**Ambrosya Amlong**

University of Michigan St. Joseph Mercy Hospital

EMARC Track Chair

**Chrissy Babcock, MD**

University of Chicago

**Rebecca Bavolek, MD**

Washington University

**Dan Egan, MD**

St. Luke's Roosevelt Hospital

Best Practices Track Chair

**Jonathan Fisher, MD**

Maricopa Medical Center

Co-Chair

**Megan Fix, MD**

University of Utah Health

Sciences Center

Co-Chair

**Antoinette Golden, MD**

Warren Alpert Medical School

of Brown University

*Thank you*

**Todd Berger, MD**

University of Texas at Austin

Dell Medical School

Emergency Medicine

**Kriti Bhatia**

Brigham and Women's Hospital

Massachusetts General Hospital

Research Track Chair

**Jason Bischof, MD**

Ohio State University

Medical Center

**Jeremy Branzetti, MD**

University of Washington

**Bo Burns, DO**

University of Oklahoma

**Merle Carter, MD**

Albert Einstein Medical Center

**Tina Choudhri, MD**

George Washington University

**Richard Church, MD**

University of Massachusetts

**Jill Craig**

McGaw Medical Center

NW University

EMARC Track Chair

**David Diller, MD**

Oregon Health Sciences University

Resident Track Chair

**Mary Ann Edens, MD**

Louisiana State University HSC, Shreveport

**Katja Goldflam, MD**

Yale New Haven Medical Center

**Michael Gottlieb, MD**

Cook County Hospital

**Andrew Grock, MD**

SUNY Downstate

CPC Judge

**Mary Calderone Haas, MD**

University of Michigan Ann Arbor

Resident Track Chair

**Ellen Harr Weatherby**

Ohio State University

EMARC Track Chair

**Corey Heitz, MD**

Carilion Roanoke

Memorial Hospital

Research Track Chair

**Kathy Hiller, MD, MPH**

University of Arizona

CDEM Track Chair

**Laura Hopson, MD**

University of Michigan St. Joseph Mercy Hospital

**Jamie Jordan**

Harbor-UCLA Medical Center

**Sorabh Khandelwal, MD**

Ohio State University

**Paul Ko, MD**

SUNY at Syracuse-Upstate

CDEM Track Chair

**Damon Kuehl, MD**  
Carilion Roanoke Memorial Hospital  
Best Practices Track Chair

**Michelle Lall, MD**  
Emory University  
School of Medicine

**Cindy Leung, MD**  
Ohio State University

**Kerry McCabe, MD**  
Boston Medical Center  
Best Practices Track Chair

**Tiffany Moadel, MD**  
Yale New Haven Medical Center

**Sneha Shah, MD**  
University of Massachusetts

**Christina Shenvi, PhD, MD**  
University of North Carolina

**Jan Shoenberger, MD**  
Los Angeles County USC  
Medical Center  
Navigating Track Chair

**Edward Stettner, MD**  
Emory University  
Navigating Track Chair

**Heather Streich, MD**  
University of Virginia

**...to the many dedicated people who worked  
diligently to help make this event a reality!**

**Jeff Norvell, MD**  
University of Kansas

**Pat Olivieri, MD**  
St. Luke's Roosevelt  
Hospital Center

**Glenn Paetow, MD**  
Hennepin County Medical Center

**Kristen Peace, MD**  
Albany Medical Center

**Andrew Phillips, MD**  
Resident Track Chair

**Deb Pierce, DO**  
Albert Einstein Medical Center

**Jenny Plitt, MD**  
University of Arizona

**Cynthia Price, MD**  
University of Connecticut

**Colleen Roche, MD**  
George Washington University

**Lynn Roppolo, MD**  
University of Texas Southwestern

**Dan Runde, MD**  
University of Iowa

**Osman Sayan, MD**  
New York Presbyterian

**Gillian Schmitz, MD**  
University of Texas School of Medicine at San Antonio

**Taku Taira, MD**  
Los Angeles County USC Medical Center  
Program Leadership  
Development Track Chair

**David Terca, MD**  
St. Luke's Roosevelt

**Aleksandr (Sasha) Tichter, MD, MS**  
Columbia University Medical Center

**Janis Tupesis, MD**  
University of Wisconsin Madison

**Jacob Ufberg, MD**  
Temple University Hospital

**Ed Ullman, MD**  
Beth Israel Deaconess  
Medical Center  
Navigating Track Chair

**Larissa Velez, MD**  
University of Texas Southwestern

**Jason Wagner, MD**  
Washington University

**Moshe Weizberg, MD**  
Staten Island University Hospital  
Program Leadership Development Track Chair

**Mary Westergaard, MD**  
University of Wisconsin Madison

**Melissa White, MD, MPH**  
Emory University  
School of Medicine

**Xiao Chi (Tony) Zhang, MD**  
Brown University

*The Accreditation Council for Continuing Medical Education requires that the planners and presenters of continuing medical education activities disclose financial relationships with commercial companies whose products or services are discussed in educational presentations.*

*The following planners, session leaders and panelists have no financial relationships with companies whose products are addressed in their planning or presentations.*

**Layla Abubshait, MD**  
Synergy Medical Education Alliance

**Sara Adibi, MD**  
Central Michigan University

**James Ahn, MD**  
University of Chicago

**Saadia Akhtar, MD**  
Icahn School of Medicine Mt Sinai Beth Israel

**Irina Aleshinskaya, DO, MS**  
Staten Island University Hospital

**Dhara Amin, MD**  
Cook County

**Ambrosya Amlong, BA**  
University of Michigan

**Felix Ankel, MD**  
Regions Hospital

**Brahim Ardolic, MD**  
Staten Island

**Jennifer Avegno, MD**  
LSU-New Orleans

**Samuel Ayala, MD**  
New York Methodist

**Christine Babcock MD, MSc, FACEP, FAAEM**  
University of Chicago

**Beth Bailey, MS, MAS**  
University of Texas Southwestern

**Rebecca Bavolek, MD**  
Washington University

**Todd Berger, MD**  
UT Austin

**Rahul Bhat, MD**  
Georgetown

**Kriti Bhatia, MD**  
Brigham and Women's Hospital/Harvard Medical School

**Kevin Biese, MD**  
University of North Carolina

**Jason Bischof, MD**  
Ohio State University Medical Center

**Michael Bond, MD**  
University of Maryland

**Joelle Borhart, MD, FACEP, FAAEM**  
Georgetown

**Jason Bothwell, MD, FACEP**  
Madigan

**Christina L. Bourne, MD**  
MUSC

**Jeremy Branzetti, MD**  
University of Washington

**Rob Bryant, MD**  
University of Utah

**Boyd (Bo) Burns, DO, FACEP, FAAEM**  
University of Oklahoma

**John Burton, MD**  
Virginia Tech Carilion

**Mary Calderone Haas, MD**  
University of Michigan

**Merle Carter, MD, FACEP**  
Einstein-Philadelphia

**Steve Carroll, DO**  
SAMMC

**Esther H Chen, MD**  
UCSF

**Arlene Chung, MD**  
Maimonides Medical Center

**Richard Church, MD**  
University of Massachusetts

**Keel Coleman, DO, FACEP**  
OMNEE/Carilion EM Residency

**Robert Cooney, MD, MSMedEd, RDMS, FACEP, FAAEM**  
Geisinger

**Dylan Cooper, MD**  
Indiana University

**Saby Cordoba**  
University of Wisconsin

**Jill P. Craig**  
Northwestern University

**Felicia Davis, MHA**  
ACGME

**Jonathan E. Davis, MD, FACEP, FAAEM**  
Georgetown University

**Nicole Deiorio, MD**  
OHSU

**David Diller, MD**  
Oregon Health Sciences University

**Marc Dorfman, MD, FACEP**  
Presence Resurrection Medical Center

**Michele L. Dorfsman, MD, FACEP**  
University of Pittsburgh Medical Center

**Christopher I. Doty, MD, FAAEM, FACEP**  
University of Kentucky

**Joseph Dougherty, MD**  
Ohio Valley Medical Center

**Jeff Druck, MD**  
University of Colorado

**Nicole Dubosh, MD**  
Harvard University

**David Duong, MD, MS**  
Highland Hospital

**Travis Eastin, MD, MS**  
University of AR

**Jaime Edelman, MD**  
Icahn School of Medicine

**Mary Ann Edens, MD, FACEP**  
LSU Shreveport

**Daniel Egan, MD**  
Mount Sinai St. Luke's Roosevelt

**Michael Epter, DO, FAAEM**  
Maricopa Medical Center

**Abra Fant, MD**  
Northwestern

**Madonna Fernandez-Frackelton, MD, FACEP**  
Harbor-UCLA

**Jonathan Fisher, MD, MPH**  
Maricopa Medical Center

**Megan Fix, MD**  
University of Utah Health Sciences Center

**Kristen Foland, MLS**  
Indiana University

**Doug Franzen, MD, M.Ed, FACEP**  
University of Washington

**Ryan C. Fringer, MD, FACEP, FAAEM**  
Oakland University William Beaumont School of Medicine

**Nupur Garg, MD**  
Mount Sinai Medical Center

**Manish Garg, MD, FAAEM**  
Temple University

**Joshua Gentges, MD**  
Oklahoma

**Michael A Gisondi, MD**  
Northwestern University

**Antoinette Golden, MD**  
Warren Alpert Medical School of Brown University

**Katja Goldftam, MD**  
Yale New Haven Hospital

**Craig Goolsby, MD, FACEP**  
USUHS

**David Gordon, MD, FACEP**  
Duke

**Michael Gottlieb, MD**  
Cook County Hospital

**Nick Governatori, MD**  
Thomas Jefferson University

**Autumn Graham, MD**  
Georgetown

**Sarah Greenberger, MD**  
The Ohio State University

**Andrew Grock, MD**  
SUNY Downstate



**Mindi Guptill, MD, FACEP**

Loma Linda University

**Todd Guth, MD**

University of Colorado School of Medicine,  
Children's Hospital of Colorado

**Ellen Harr Weatherby**

Ohio State University

**Danielle Hart, MD, MACM**

Hennepin County Medical Center

**Marianne Haughey, MD**

Albert Einstein

**Michele Haynes**

University of Pennsylvania

**Cullen B. Hegarty, MD**

Regions Hospital/HealthPartners Institute

**Corey Heitz, MD**

Carilion Roanoke Memorial Hospital

**Gene Hern, MS, MD**

Alameda County - Highland

**Andrew Herring, MD**

Highland

**Braden Hexom, MD, FACEP**

Icahn School of Medicine

**David Hile, MD**

Yale

**Ann Hill, CAP-OM**

Orlando Health

**Jeffery Hill, MD, MED**

University of Cincinnati

**Katherine M Hiller, MD, MPH, FACEP**

University of Arizona

**Laura R. Hopson, MD**

University of Michigan

**Joseph House, MD FACEP FAAP**

University of Michigan

**Abbas Husain, MD, FACEP**

Staten Island University Hospital

**Jennifer S. Jackson, MD**

Miami

**Alan Janssen, MD**

Genesys

**Michael P. Jones, MD**

Jacobi

**Jonathan S. Jones, MD, FAAEM, FACEP**

University of Mississippi

**Jaime Jordan, MD**

Harbor-UCLA Medical Center

**Nikita Joshi, MD**

Stanford University

**Julianna Jung, MD, FACEP**

Johns Hopkins School of Medicine

**Dara Kass, MD, FACEP**

NYUBellevue

**Eric D. Katz, MD, FAAEM, FACEP**

Maricopa Medical Center

**Raven-Olivia Kellum**

University of Michigan

**Jay Khadpe, MD**

SUNY Downstate

**Sorabh Khandelwal, MD**

The Ohio State University

**Andrew King, MD**

Ohio State

**Kevin King, MD, FACEP, FAAEM**

UT San Antonio

**Paul Ko, MD**

SUNY Upstate

**Cindy Koonz, MS**

Oregon Health and Science University

**Aaron S. Kraut, MD**

University of Wisconsin

**Damon Kuehl, MD**

Carilion Roanoke Memorial Hospital

**Miriam Kulkarni, MD**

Rutgers Newark

**Michelle Lal, MD**

Emory University School of Medicine

**Joseph LaMantia, MD**

Hofstra North Shore-LIJ School of Medicine

**Patrick McCafferty Lank, MD**

Northwestern

**Luan Lawson, MD, MAEd, FACEP**

Brody School of Medicine at East Carolina  
University

**Denise Lesniak, MA, C-TAGME**

Case Western Reserve University/MetroHealth  
Medical Center

**Cynthia Leung, MD**

The Ohio State University

**Jason Lewis, MD**

BIDMC

**May Li, MD**

Icahn School of Medicine

**Louis J. Ling, MD, FACEP**

ACGME

**Casey Z. MacVane, MD, MPH**

Maine Medical Center

**Mira Mamtani, MD**

University of Pennsylvania

**Michelino Mancini, DO**

St. Joseph

**David E. Manthey, MD, FACEP, FAAEM**

Wake Forest School of Medicine

**Kerry K. McCabe, MD**

Boston Medical Center

**Douglas McGee, DO, FACEP**

Einstein

**Kandice K. McLeod, BS, C-TAGME**

University of Texas Houston

**Margaret Miller, BA**

Hennepin County Medical Center

**Tiffany Moadel, MD**

Yale New Haven Medical Center

**Maria Moreira, MD**

Denver Health

**Lisa A. Moreno-Walton, MD, MS, MSCR, FACEP, FAAEM**

LSU New Orleans

**Tiffany Murano, MD, FACEP**

Rutgers Newark

**Nur-Ain Nadir, MD**

UIC Peoria

**Jeff Norvell, MD**

University of Kansas

**Patrick Olivieri, MD**

Mount Sinai Medical Center

**Michael Overbeck, MD**

University of Colorado

**Leslie C. Oyama, MD, FACEP**

UC San Diego

**Jamie Padmore, MSc**

Georgetown University School of medicine

**Glenn Paetow, MD**

Hennepin County Medical Center

**Kendra Parekh, MD**

Vanderbilt

**Sundip Patel, MD**

Cooper Medical School of Rowan University

**Rahul Patwari, MD**

Rush University

**Kristen Peace, MD**

Albany Medical Center

**Thomas Perera, MD**

Jacobi

**Camiron Pfennig, MD, MHPE, FAAEM**

Greenville Health System

**Andrew W Phillips, MD, MED**

Stanford University

**Deborah Pierce, DO, MS**

Einstein

**Malford Tyson Pillow, MD, MED**

Baylor College of Medicine

**Matthew Pirotte, MD**

Northwestern Feinberg School of Medicine

**Jenny Plitt, MD**

University of Arizona

**Cynthia Price, MD**

University of Connecticut

**Amy Pound, MD**

Case Western University School of Medicine

**Stacey Poznanski, DO**

Wright State University

**Linda Regan, MD**

Johns Hopkins School of Medicine

**Salim R. Rezaie, MD**

UTHSCSA

**Renee Riggs, MD**  
Rutgers Robert Wood Johnson Medical School

**Jana Ricker**  
Maine Medical Center

**Colleen Roche, MD**  
George Washington School of Medicine

**Rob Rogers, MD**  
University of Kentucky

**Sarah Ronan-Bentle, MD MS**  
University of Cincinnati

**Lynn Roppolo, MD**  
UT Dallas Southwestern

**Carlo Rosen, MD**  
Beth Israel Deaconess Medical Center

**Kelley Roswell, DO**  
Children's Hospital Colorado

**Daniel Runde, MD**  
University of Iowa

**Matthew Ryan, MD, PhD**  
University of Florida

**David Saloum, MD**  
Maimonides Medical Center

**Osman Sayan, MD**  
New York Presbyterian

**Joshua Schechter, MD**  
SUNY Downstate, Kings County

**Gillian Schmitz, MD**  
University of Texas School of Medicine at San Antonio

**Jeff Schneider, MD**  
Boston University Medical Center

**Kevin Scott, MD**  
University of Pennsylvania

**Kaushal Shah, MD**  
Icahn School of Medicine at Mt. Sinai

**Sneha H. Shah, MD**  
University of Massachusetts

**Erica Shaver, MD**  
WVU

**Christina Shenvi, PhD, MD**  
University of North Carolina

**Jan M. Shoenberger, MD, FACEP**  
Los Angeles County USC Medical Center

**Jeffrey Siegelman, MD**  
Emory

**Corey Slovis, MD**  
Vanderbilt

**Jessica L. Smith, MD, FACEP**  
Brown University

**Mike Smith, MD, MBA, FACEP**  
LSU New Orleans

**Teresa Y. Smith, MD, MSED**  
SUNY Downstate

**Edward Stettner, MD**  
Emory University

**Heather Streich, MD**  
University of Virginia

**Amita Sudhir, MD**  
University of Virginia

**Christine Sullivan, MD**  
University of Missouri

**Anand Swaminathan, MD**  
NYU/Bellevue

**Ramin Reza Tabatabai, MD, FACEP**  
USC

**Taku Taira, MD**  
LAC+USC

**David Terca, MD**  
St. Luke's Roosevelt

**Matthew Tews, DO, MS, FACEP**  
Medical College of Wisconsin

**Brent Thoma, MD, MA, FRCPC**  
University of Saskatchewan

**Tonya R Thomas, BBA**  
University of Michigan

**Laura Thompson MD, MS**  
The Ohio State University

**Carrie Tibbles, MD**  
Beth Israel Deaconess Medical Center

**Aleksandr M. Tichter, MD, MS**  
New York Methodist

**Arleigh Trainor, DO**  
University of South Dakota

**Janis Tupesis, MD**  
University of Wisconsin Madison

**Jacob Ufberg, MD**  
Temple University

**Edward Ullman, MD**  
Beth Israel Deaconess Medical Center

**Adrienne Valtierra**  
University of Texas Southwestern

**Larissa Velez, MD**  
University of Texas Southwestern

**Mary Jo Wagner, MD, FACEP**  
Central Michigan University

**Jason Wagner, MD, FACEP**  
Washington University School of Medicine

**David Wald, DO**  
Temple University

**Jacqueline Ward-Gaines, MD**  
University of Colorado School of Medicine

**Lori Weichenthal, MD**  
UCSF Fresno

**Moshe Weizberg, MD, FACEP**  
Staten Island University Hospital

**Sandra Werner, MD, MA, FACEP**  
MHMC

**Mary Westergaard, MD**  
University of Wisconsin Madison

**Melissa White, MD**  
Emory University

**J. Scott Wieters MD**  
Baylor Scott & White Texas A&M

**Lee Wilbur, MD**  
University of AR

**Sarah Williams, MD**  
Stanford University

**Kelly Williamson, MD**  
Advocate Christ Hospital

**George C. Willis, MD, FACEP, FAAEM**  
University of Maryland

**Charlotte Page Wills, MD**  
Highland

**Kathleen Wittels, MD**  
Brigham and Women's Hospital/ Harvard Medical School

**Stephen Wolf, MD, FACEP**  
University of Virginia

**Wendy Woolley, DO, FACEP**  
Albany Medical Center

**Lainie Yarris, MD, MCR**  
OHSU

Xiao Chi (Tony)

**Zhang, MD**  
Brown University

These individuals have indicated that they have a relationship which, in the context of their involvement in the CME activity, could be perceived by some as a real or apparent conflict of interest (e.g., ownership of stock, grants, honoraria, or consulting fees), but these individuals do not consider that it will influence the CME activity.

**Teresa Chan, HBS, BEd, MD, FRCPC, MHPE(cand)**  
McMaster University

**Tim Peck, MD**  
BIDMC/ Harvard

**Susan Promes, MD**  
Penn State Hershey

**Terry Kowalenko, MD**  
William Beaumont

**Seth Trueger, MD MPH**  
University of Chicago

# CELEBRATE WITH FRIENDS AND COLLEAGUES

While Exploring Country Music's  
Rich Culture and Heritage at

## CEMCORD's Closing Reception



TUESDAY  
**March 8**  
5:30 pm – 7:30 pm

Complimentary admission,  
light hors d'ouvres and cash bar

*Conference badge or guest ticket required for admission*



# Safari Dinners

Monday, March 7, 2016

7:00-9:00 pm

## Etch

7:15 pm • 303 Demonbreun Street

More of a contemporary American/European fusion element, this restaurant has quickly become one of the most popular and most sought after restaurants in downtown Nashville. The menu features various cuts of meat as well as seafood that can differ from day to day as it is brought in as a fresh catch. My personal favorite dish is the Winter Salad. The dress code is described as "smart casual."

## Amerigo

7:15 pm • 1920 West End Avenue

My favorite Italian restaurant in Nashville not only because of the food, but the ambience as well. My two favorite dishes that are absolute musts to try are the crab meat stuffed tortellini and the sirloin with asparagus and mashed potatoes.

## Jimmy Kelly's

7:15 pm • 217 Louise Avenue

One of Nashville's premier steakhouses, Jimmy Kelly's has a very extensive menu with a vast array of steaks and seafood. My favorite portion of their menu oddly enough is their "hot appetizers." The blackened catfish with Cajun seasoning is absolutely fantastic.

## M Restaurant and Bar

7:30 pm • 209 10th Ave S Suite 223

M Restaurant & Bar does a fantastic job of making down-home Nashville favorites into upscale delights. Various selections of meats, salads, seafood and even Nashville's famous "hot chicken" & waffles. M also has one of the best deserts in the city: The "Triple Chocolate Brownie Cake."

**The CORD Safari dinners create a great opportunity to network with old and new friends!**

*Space is limited.*

Check availability at the  
Academic Assembly  
Registration Desk

# CORD Business Meeting

## AGENDA



**Tuesday, March 8, 2016**

**2:00 pm – 4:00 pm**

- 2:00 pm – 2:10 pm **President's Message**, Saadia Akhtar, MD
- 2:10 pm – 2:15 pm **President-Elect Address**, Michael Epter, DO
- 2:15 pm – 2:25 pm **Secretary-Treasurer's Report**, Christopher Doty, MD
- 2:25 pm – 2:30 pm **Academic Assembly Update**, Jon Fisher, MD, MPH
- 2:30 pm – 2:45 pm **ABEM Update**, Barry Heller, MD
- 2:45 pm – 3:15 pm **CORD Committee Updates**  
Simulation Community of Practice, Danielle Hart, MD  
SLOE Task Force, Cullen Hegarty, MD
- 3:15 pm – 3:35 pm **Award Recognition**, Saadia Akhtar, MD  
*CORD Faculty Award*  
*CORD Resident Award*  
*Wainscott Award*
- 3:35 pm – 3:55 pm **Academy for Scholarship Induction/Awards**, Stephen Wolf, MD  
*Academy Member*  
*Academy Scholar*  
*Distinguished Educator*
- 3:55 pm **Adjourn to Lightning Orals**, Saadia Akhtar, MD
- 5:30 pm – 7:30 pm **Evening Reception: Country Music Hall of Fame**

## CORD 2016-2017 Board of Directors

**Saadia Akhtar, MD**  
President

**Michael Epter, DO**  
President-Elect

**Jeffrey N. Love, MD**  
Immediate Past President

**Christopher Doty, MD**  
Secretary-Treasurer

**Fiona Gallahue, MD**  
Member-at-Large

**Maria Moreira, MD**  
Member-at-Large

**Tiffany Murano, MD**  
Member-at-Large

**Jessica Smith, MD**  
Member-at-Large

**Jacob Ufberg, MD**  
Member-at-Large

**Lauren Bland, MD**  
Resident Member-at-Large

## CORD Staff

**Michele Byers, CAE, CMP**  
Executive Director

**DeAnna McNett**  
Operations Manager

**Leah Stefanini, CMP**  
Meeting Manager

**Patti Miller**  
Administrative Coordinator

## Day 1 🍌 Sunday, March 6

	New Programs & Leaders	Best Practices	Navigating/Resident	CDEM	EMARC	MERC	CPC	ACOEP
8:00–8:30	<b>The Telephone Game–Communication</b> (S Akhtar, M Moreira) (Broadway ABCD) <b>Combined with NAW</b>	<b>The Interview–Illegal Questions &amp; Novel Methods</b> (G Hern, C Wills) (Broadway GHJK)	<b>The Telephone Game–Communication</b> (S Akhtar, M Moreira) (Broadway ABCD) <b>Combined with NPL</b>	<b>Flip the Pimp, Bedside Teaching Pearls for the Advanced Educator</b> (S Wieters) (Legends D)	<b>EMARC Welcome &amp; Introductions</b> (E Harr-Weatherby, A Hill; A Amlong) (Legends EFG) <b>*Experienced PC - Attend NPL</b>		CPC (Cumberland 1-6)	
8:30–9:00	<b>Rock &amp; a Hard Place: Mediating Conflict Between Faculty and Residents</b> (B Burns, C Doty) (Legends ABC) <b>*AOA</b>	<b>Prepare for Fiscal Uncertainty &amp; Furthering your Mission–Establish an Endowment</b> (R Fringer) (Broadway GHJK)	<b>Intro to GME for the New Academic Faculty Member</b> (MJ Wagner; J Schechter) (Broadway ABCD)	<b>Teaching the Oral Case Presentation: Is There a Best Method?</b> (K Parekh) (Legends D)	<b>New PC–The Basics of Accreditation for New Coordinators</b> (J Craig) (Legends EFG) <b>*Experienced PC - Attend NPL</b>			
9:00–9:30	<b>PDs are from MARS, CDs are from Venus</b> (C Hegarty, S Ronan-Bentle) (Legends ABC)	<b>PD Finances: Perspectives from GME, the Chair, &amp; the Higher Ups!</b> (D McGee, J Burton) (Broadway GHJK) <b>*AOA</b>	<b>Department Mechanics from Hiring to Financing</b> (E Katz) (Broadway ABCD)	<b>Developing a 4th Year EM Boot Camp</b> (Ullman) (Legends D)	<b>New PC–Introduction to Recruitment</b> (M Miller) (Legends EFG) <b>*Experienced PC - Attend BP</b>			
9:30–9:45	<b>Break</b>							
9:45 – 10:30	<b>New Programs &amp; Leaders FAIR</b>  <b>Holistic Approach to Application Review</b> (J McGrath; R Tabatabai)  <b>The Residency Interview</b> (G Hern; C Wills)  <b>Creating Your Rank List</b> (JJ Ufberg, M Weizberg)  <b>Completing Your Annual WebADS</b> (T Berger, T Smith) (Bass) <b>This session is limited and requires ticketed registration</b>	<b>Conference Reboot: The Nitty Gritty of Getting the Best Out of Your Didactics</b> (K Goldflam, P Lank) (Broadway GHJK)	<b>Creating Learner-Centered Models in Your Program: Andragogy 101</b> (C Doty) (Broadway ABCD)	<b>Sim What?! Incorporating Simulation Didactics Within Your Undergraduate Medical Education</b> (N Nadir, C Goolsby) (Legends D)	<b>New PC–A Year in the Life of the Program Coordinator</b> (A Amalong) (Legends EFG) <b>*Experienced PC - Attend BP</b>	<b>Merc 1</b> (Acoustic) <b>Limited Registration</b>	<b>CPC</b> (Cumberland 1-6)	<b>ACOEP Meeting</b> (Music Row 1)
10:30–11:00		<b>560 Wellness:</b> C Macvane; K McCabe; J Branzetti)	<b>Improve Your Slide Design and Make Presentation Magic!</b> (J Wagner) (Broadway ABCD)	<b>Teaching Procedures in the Clerkships</b> (D Manthey; MJ Wagner) (Legends D)				
11:00–11:30		<b>Transitions from APD to PD: The Secrets No One Told You</b> (J Smith, C Roche, C Babcock)  <b>SOAP for the PD and the Student Advisor</b> (T Murano; S Ronan-Bentle; M Kulkarni)  <b>The ABC's of Your First Remediation Plan</b> (T Taira)  <b>Setting up Effective Committees: CCC, PEC, etc.</b> (A Husain, I Aleshinskaya) (Electric) <b>This session is limited and requires ticketed registration</b>	<b>The Mindful Milestone: Revolutionize Wellness in Emergency Medicine</b> (D Amin, A Fant)  <b>The Science of Sleep &amp; Circadian Rhythms to Prevent Burnout</b> (A Herring)  <b>Keeping Fuel from the Flames: Developing a Wellness Program for Your Residency Program</b> (L Weichenthal)  <b>Resilience: How to Recruit it and Foster it in Your Residency Program</b> (A Graham, R Bhat)  <b>Program Director Wellness — What's That?</b> (C Roche, D Egan) (Broadway GHJK)	<b>You Want to Try What? Creative Solutions to Spice Up Didactic Conference</b> (M Epter, A Philips) (Broadway ABCD) <b>*AOA</b>	<b>Teaching Clinical Decision Making to Medical Students</b> (K King) (Legends D)			
11:30–1:00	<b>Lunch and Moderated Posters 1</b> (K Bhatia, C Heitz) (Broadway EF)				<b>All PC's Mentoring–Building Your Network</b> (A Amlong, RO Kellum) (Legends EFG)	<b>Lunch and Moderated Posters 1</b> (K Bhatia, C Heitz) (Broadway EF)		

	New Programs & Leaders	Best Practices	Navigating/Resident	CDEM	EMARC	MERC	CPC			
1:00–2:00	<b>Academics 101: Academic Currency</b> (MJ Wagner) (Broadway ABCD) <i>Combined with NAW &amp; Resident</i> <b>*AOA</b>	<b>Keeping The Research &amp; Scholarship Pipeline Flowing</b> (S Wolf; J Burton; L Hopson) (Broadway GHJK)	<b>Academics 101: Academic Currency</b> (MJ Wagner) (Broadway ABCD) <i>Combined with NPL</i> <b>*AOA</b>	<b>Current Issues in Clinical Assessment: EPAs in the Clerkships</b> (L Lawson; L Thompson; M Smith, C Leung) (Legends D)	<b>Building an Effective Team</b> (A Amlong; T Thomas) (Legends EFG)					
2:00–3:00	<b>Academics 101: Career Paths in Academics</b> (T Taira PANEL: T Kowalenko; C Slovis; J Burton; B Adrolic) (Broadway ABCD) <i>Combined with NAW &amp; Resident</i>	<b>Faculty Development in Medical Education: Especially if Your Institution Lacks a Senior Medical Education Specialist</b> (D Runde, J Jordan) (Broadway GHJK)	<b>Academics 101: Career Paths in Academics</b> (T Taira PANEL: T Kowalenko; R Wolfe; C Slovis; J Burton; B Adrolic) (Broadway ABCD) <i>Combined with NPL</i>	<b>End-of-Shift Assessment Consensus Conference</b> (K Hiller, D Franzen; L Lawson; J Jung; P Ko PANEL: D Manthey; M Tews; J House; J Fisher; M Haughey; N Dubosh; D Wald; A Trainor) (Legends D) <i>Limited Registration</i>	<b>Optimizing the Program Director/Program Coordinator Relationship</b> (M Gisondi, J Craig; D Lesniak, J Pennington) (Legends EFG)					
3:00–3:15	<b>Break</b>									
3:15–3:30	<b>Academics 101: Junior Faculty Skills Workshop–Verbal feedback, Written feedback, Bedside teaching Introduction</b> (Broadway ABCD) <i>This session is limited and requires ticketed registration</i> <i>Combined with NAW &amp; Resident</i>	<b>'Where Did the Year Go? Making your PEC &amp; APE the Absolute Best!</b> (E Shaver, J Davis) (Broadway GHJK) <i>Combined with EMARC</i>	<b>Academics 101: Junior Faculty Skills Workshop–Verbal Feedback, Written Feedback, Bedside Teaching</b> (Broadway ABCD) <i>This session is limited and requires ticketed registration</i> <i>Combined with NPL</i>	<b>End-of-Shift Assessment Consensus Conference</b> (Legends D) <i>Limited Registration</i>	<b>'Where Did the Year Go? Making Your PEC &amp; APE the Absolute Best!</b> (E Shaver, J Davis) (Broadway GHJK) <i>Combined with BP</i>					
3:30–4:00	<b>Verbal Feedback Workshop–How to Maximize the Opportunity</b> (L Yarris; A Kraut) (Music Row 2) <i>Ticketed Limited Workshop</i>			<b>Putting Pen to Paper–Composing Effective Written Feedback</b> (D Saloum) (Music Row 3) <i>Ticketed Limited Workshop</i>				<b>Teach Me Something Quick! Mastering Efficient Bedside Teaching</b> (JS Wieters; M Guptill) (Music Row 4) <i>Ticketed Limited Workshop</i>	<b>Consensus Conference Breakouts</b> (Music Row 2) <i>Limited Registration</i>	<b>Consensus Conference Breakouts</b> (Music Row 6) <i>Limited Registration</i>
4:00–4:30	<b>Verbal Feedback Workshop–How to Maximize the Opportunity</b> (L Yarris; A Kraut) (Music Row 2) <i>Ticketed Limited Workshop</i>			<b>Putting Pen to Paper–Composing Effective Written Feedback</b> (D Saloum) (Music Row 3) <i>Ticketed Limited Workshop</i>				<b>Teach Me Something Quick! Mastering Efficient Bedside Teaching</b> (JS Wieters; M Guptill) (Music Row 4) <i>Ticketed Limited Workshop</i>	<b>GME &amp; The Law: When to Get a Lawyer Involved</b> (C Tibbles; J Padmore) (Broadway GHJK) <i>Combined with EMARC</i>	<b>GME &amp; The Law: When to Get a Lawyer Involved</b> (C Tibbles; J Padmore) (Broadway GHJK) <i>Combined with BP</i>
4:30–5:00	<b>Verbal Feedback Workshop–How to Maximize the Opportunity</b> (L Yarris; A Kraut) (Music Row 2) <i>Ticketed Limited Workshop</i>	<b>Putting Pen to Paper–Composing Effective Written Feedback</b> (D Saloum) (Music Row 3) <i>Ticketed Limited Workshop</i>	<b>Teach Me Something Quick! Mastering Efficient Bedside Teaching</b> (JS Wieters; M Guptill) (Music Row 4) <i>Ticketed Limited Workshop</i>	<b>End-of-Shift Assessment Consensus Conference</b> (Legends D) <i>Limited Registration</i>						
5:00–6:30	<b>Moderated Poster Session 2 – Wine and Cheese</b> (K Bhatia, C Heitz) (Broadway EF)									
6:30–8:00	<b>CPC &amp; Poster Awards</b> (Broadway EF)									



## Day 2 🍎 Monday, March 7

	Best Practices	NAW	CDEM	Resident	EMARC	MERC/ Specialty	iMedEd
7:00-8:00	Breakfast						
8:00-9:00	Keynote Address: The Future of Healthcare and Emergency Medicine from a Training Perspective – Atul Grover, MD, PhD (Broadway A-K)						
9:00-9:10	Transition to Rooms			Intro	Transition to Rooms		Transition to Rooms
9:10-9:30	<b>Preventing Resident Remediation</b> (D Hile, J Bothwell) (Broadway FGHJK)	<b>Become a Role Model for Wellness</b> (R Fringer, W Wooley, E Katz) (Broadway ABCDE)	<b>End-of-Shift Assessment Consensus Conference</b> (K Hiller, D Franzen; L Lawson; J Jung; P Ko PANEL: D Manthey; M Tews; J House; J Fisher; M Haughey; N Dubosh; D Wald; A Trainor) (Legends D) <i>Limited Registration</i>	<b>Be the Change – Leading into the Future and Involvement within National Organizations</b> (S Ahktar) (Legends BC)	<b>EMARC 450: 4 talks and 50 minutes</b> (A Amlong; J Craig)  <b>1. Social Media</b> (M Haynes; K Scott)  <b>2. Alternative Presentation Methods</b> (C Koonz)  <b>3. Evaluation</b> (M Miller; J Ricker)  <b>4. Food Selection and Resident Attendance</b> (RO Kellum) (Legends EFG)	<b>MERC 3</b> (Acoustic) <i>Limited Registration</i>	<b>Introduction to Innovation Track</b>
9:30-9:45				<b>Interview Skill and Contract Negotiation</b> (M Gisondi) (Legends BC)			<b>Why Innovation in Education Matters</b> (A Swaminathan) (Cumberland 1-2)
9:45-10:00				<b>So You Want to Write — Getting Started in Blog Writing</b> (T Chan; N Joshi; B Thoma; R Bryant) (Cumberland 1-2) <i>Limited Registration</i>			
10:00-10:50	<b>Remediation Best Practices</b> (J Smith; T Murano) (Broadway FGHJK)	<b>Personal Finance Tips for Junior Faculty</b> (M Pirotte) (Broadway ABCDE)	<b>What are chairs looking for in New Academic Hires?</b> (J Burton, G Hern, E Katz, C SLOvis) (Legends BC)	<b>Present Like a Pro</b> (J Wagner) (Legends EFG)	<b>So You Want to Podcast - Getting Started in Recording</b> (S Rezaie; R Rogers; S Carroll; A Swaminathan) (Cumberland 1-2) <i>Limited Registration</i>		
10:50-11:00	Break						
11:00-11:30	<b>560 Residents, Adults, and Adult Learners: Not Necessarily One and the Same</b> (L Roppolo; C Macvane; K McCabe; J Branzetti)	<b>Mama Said There'd be Days Like This: Dealing with Professional Setbacks &amp; Fostering Resilience</b> (J Borhart, P Olivieri, A Graham) (Broadway ABCDE) <i>Combined with Resident</i>	<b>End-of-Shift Assessment Consensus Conference</b> (K Hiller, D Franzen; L Lawson; J Jung; P Ko PANEL: D Manthey; M Tews; J House; J Fisher; M Haughey; N Dubosh; D Wald; A Trainor) (Legends D) <i>Limited Registration</i>	<b>Mama Said There'd be Days Like This: Dealing with Professional Setbacks &amp; Fostering Resilience</b> (J Borhart, P Olivieri, A Graham) (Broadway ABCDE) <i>Combined with NAW</i>	<b>Professional Development for Coordinators</b> (K McLeod, C Koonz, S Cordoba) (Legends EFG)	<b>MERC 3</b> (Acoustic) <i>Limited Registration</i>	<b>Innovative Professional Development</b> (T Chan; F Ankel; R Cooney) (Cumberland 1-2) <i>Limited Registration</i>
11:30-12:00	<b>Creation of an online Helicopter EMS Curriculum</b> (J Hill)						<b>Catching the Learners - Breaking In To FOAM</b> (R Bryant; M Bond; R Cooney; R Patwari) (Cumberland 1-2) <i>Limited Registration</i>
	<b>Organizing Learning Resources into an Accessible Location in Order to Maximize Preparation for Conference</b> (C Doty)						
	<b>Successfully Flipping the Classroom for your Conference</b> (A King)						
<b>Incorporating a Physical Examination Skills Series into Conference</b> (J Siegelman)							
<b>Shorter Lectures with Repetition to Improve your Conference Day</b> (J Wagner) (Broadway FGHJK)							



	Best Practices	NAW	CDEM	Resident	EMARC		iMedEd
12:00-1:00	Wellness and Resiliency in Residency – The ACGME Perspective (W Carter)						Lunch
1:00-1:30	Lunch						
1:30-2:00	<b>Meeting the Requirements: What to Do When the ACGME Tells You It's Not All Good</b> (J Schoenberger, MA Edens) (Broadway FGHJK) <i>Combined with EMARC</i>	<b>Introduction to the SLOE, and How to Write a Great One!</b> (C Hegarty, S Ronan) (Broadway ABCDE)	<b>Interprofessional Education in the Emergency Medicine Clerkship</b> (T Guth; L Thompson; L Wilbur; C Cooper) PANEL: M Overbeck; K Roswell; J Ward-Gaines) (Legends D)	<b>How to Create a Standout CV</b> (M Epter; M Calderone Haas) (Legends BC) <b>*AOA</b>	<b>Meeting the Requirements: What to Do When the ACGME Tells You It's Not All Good</b> (J Schoenberger, MA Edens) (Broadway FGHJK) <i>Combined with BP</i>		<b>So you Want to Make Videos</b> (R Rogers; R Cooney; R Patwari) (Cumberland 1-2) <i>Limited Registration</i>
2:00-3:00	<b>Meeting the Requirements: Self Study Visit Panel</b> (L Ling; M Jones; T Perrera) (Broadway FGHJK) <i>Combined with EMARC</i>	<b>Trials and Tribulations: Junior Faculty Survival Stories</b> (J Shoenberger; T Stettner) PANEL: S Shah, A Pound; J Jones) (Broadway ABCDE)	<b>EHRs and your Medical Students: Learning Opportunity or Litigation Risk?</b> (K Wittels; S Patel) (Legends D)	<b>What Do I Want to do When I Grow Up?: Exploring Academic Career Paths</b> (D Egan; E Katz; T Perrera) PANEL: D Runde; S Promes; M Fix) (Legends BC)	<b>Meeting the Requirements: Self Study Visit Panel</b> (L Ling; M Jones; T Perrera) (Broadway FGHJK) <i>Combined with BP</i>		<b>Advanced Podcasting</b> (R Rogers; S Rezaie; S Carroll) (Cumberland 1-2) <i>Limited Registration</i>
3:00-3:15	Break						iMedEd (Prefunction)
3:15-4:00	<b>Meeting the Requirements: Developing CQI/Pt Safety Requirement</b> (C Rosen, S Williams) (Broadway FGHJK) <i>Combined with EMARC</i>	<b>Research 101 for the Novice</b> (L Hopson, J House) (Broadway ABCDE)	<b>Case Law in Medical Education</b> (J Jackson) (Legends D)	<b>The Academic Portfolio &amp; it's Importance in the Promotion &amp; Tenure Process</b> (A Tichter; MJ Wagner) (Legends BC)	<b>Meeting the Requirements: Developing CQI/Pt Safety Requirement</b> (C Rosen, S Williams) (Broadway FGHJK) <i>Combined with BP</i>		<b>iMedEd - Advanced Session Hack-a-thon</b> (R Cooney; T Chan) (Cumberland 3-4) <i>Limited Registration</i>
4:00-4:45	<b>Meeting the Requirements: Where to Find Basic Requirements/ Dealing with Common Emergencies</b> (S Werner, L Hopson) (Broadway FGHJK) <i>Combined with EMARC</i>	<b>Remediation Workshop &amp; Consults</b> (J Smith; D Egan; Maurano; D Hile) PANEL: J Gentges; L Regan; M Weizberg; K Williamson) (Bass) <i>Limited Registration</i>	<b>Getting Medical Education Work Published: Beyond Traditional Methods to Develop Your Portfolio</b> (C Heitz; K Bhatia; K Biese) (Broadway ABCDE)	<b>Education Journal Club</b> (E Chen; D Duong; D Gordon) (Legends D)	<b>CV &amp; Portfolio Workshop</b> (M Epter, M Calderon) (Legends BC) <i>Limited Registration</i> <b>*AOA</b>	<b>Meeting the Requirements: Where to Find Basic Requirements/ Dealing with Common Emergencies</b> (S Werner, L Hopson) (Broadway FGHJK) <i>Combined with BP</i>	
4:45-6:00							
7:00-9:00	Safari Dinners						



## Day 3 🍎 Tuesday, March 8

	Best Practices	NAW	CDEM	Resident	EMARC	iMedEd	iMedEd	Specialty		
7:00-8:00	Breakfast							Getting Involved with CORD (M Epter) (Cumberland 5-6)		
8:00-8:15	<b>560: Making the Mundane Conference Amazing!</b> (C Macvane; K McCabe; J Branzetti)	<b>Climb the Ladder and Get Promoted!</b> (J Ufberg, M Garg, J Davis) (Broadway ABCDE)	<b>The CORD Academy – Making it Work for You</b> (S Wolfe; J LaMantia; M Dorfsman; L Yarris) (Legends D)	<b>Clinical Teaching Methods</b> (C Roche, Panel: Peace K) (Legends BC)			<b>Intro to Day 2</b> (D Kass, R Cooney) (Cumberland 1-2) <b>Limited Registration</b>	<b>Getting Involved with CORD</b> (M Epter) (Cumberland 5-6)		
8:15-8:30	<b>Using Conference Time to Help Teach &amp; Assess Patient Safety and Quality</b> (Mamtani)			<b>Giving Effective Feedback</b> (J Jones, M White) (Legends BC)					<b>Post-Residency Assessment of Training (PRAT) for Coordinators</b> (M Dorfman) (Legends EFG)	<b>FOAmed Quality Appraisal: How to Guide for Learners, Teachers, &amp; Producers</b> (B Thoma; T Chan; N Joshi; F Ankel; S Trueger) (Cumberland 1-2) <b>Limited Registration</b>
8:30-9:00	<b>The Do's &amp; Don'ts of Asynchronous Activities! Incorporating Individualized Interactive Instruction Into Your Curriculum</b> (J Khadpe; E Chen) <b>M &amp; M Conference as a QA/Patient Safety Educational Tool-Avoiding the Fear Factor</b> (C Rosen) <b>How to Teach the Boring Stuff</b> (P Lank) <b>400 to 500 Seconds from Wylin: How to Pecha Kucha Your Conference Content</b> (D Runde) (Broadway FGHJK)			<b>Leaving the Nest: Preparing Residents for Life After Graduation</b> (K Goldflam) (Legends BC)						
9:00-9:45	<b>'To Thine Own Self be True: Writing Successful Self-Study Aims</b> (M Gisoni, J Branzetti) (Broadway FGHJK)	<b>Conflict Management: How to Navigate Difficult Situations</b> (D Hart, L Oyama) (Broadway ABCDE)	<b>Blood, Sweat &amp; Tears: Clerkship Director Survival Stories</b> (S Ayala) (Legends D)	<b>Fellowships &amp; Advanced Degree Options</b> (L Yarris; PANEL: D Runde, B Ly, S Williams) (Legends BC)	<b>Conflict Management-How to Navigate Difficult Situations</b> (D Hart, L Oyama) (Broadway ABCDE) <b>Combined with NAW</b>	<b>Clinical Teaching with Online Resources</b> (Ro Cooney; M Bond; R Patwari; R Bryant) (Cumberland 1-2) <b>Limited Registration</b>	<b>EMARC</b> Software Bar (Prefunction)			
9:45-10:00	Break									
10:00-10:30	<b>Educational Soundbites</b> (J Jones; B Burns) (Broadway FGHJK) <b>*AOA</b>	<b>AOA to ACGME Workshop</b> <b>Limited Registration *AOA</b>	<b>Channel Your Inner EQ: Emotional Intelligence for Today's Educator &amp; Leader</b> (J Davis) (Broadway ABCDE)	<b>Advising Students in Special Circumstances</b> (S Ayala; J Druck; K King; D Gordon PANEL: A Sudhir; J Avegno) (Legends D)	<b>Entrepreneurial Career Paths Within Academic Emergency Medicine</b> (K Shah Panel: T Peck; R Rogers; S Rezaie; Garg, N) (Legends BC)	<b>Performance Improvement: It's Not Just for Residents Anymore</b> (B Bailey; A Valtierra) (Legends EFG)	<b>How To Build a Great Talk</b> (A Swaminathan, S Rezaie) (Cumberland 1-2) <b>Limited Registration</b>	<b>iMedEd</b> (Prefunction) <b>Limited Registration</b>		
10:30-11:00		<b>The Application Process and Completing the PIF</b> (M Mancini; K Coleman; J Dougherty) (Music Row 5) <b>Limited Registration *AOA</b>					<b>Making Your Presentation Social</b> (T Pillow; N Joshi; S Poznanski; R Rogers) (Cumberland 1-2) <b>Limited Registration</b>			
		<b>What Are the Rules? Requirements, Time Line, Process</b> (C Sullivan; D McGee) (Music Row 5) <b>Limited Registration *AOA</b>								
11:00-11:45	<b>SLOE 202: Equitable, Transparent and Consistent Collaboration</b> (D Kuehl; K Hiller; M Ryan; C Babcock) (Broadway FGHJK) <b>Combined with CDEM</b>	<b>Q&amp;A Session</b> (D Pierce; PANEL: C Sullivan; A Janssen; D McGee; F Davis) (Music Row 5) <b>Limited Registration *AOA</b>	<b>I'm over it! Dealing with the Millennial Learner</b> (T Chaudry, C Roche) (Broadway ABCDE) <b>Combined with EMARC</b>	<b>SLOE 202: Equitable, Transparent and Consistent Collaboration</b> (D Kuehl; K Hiller; M Ryan; C Babcock) (Broadway FGHJK) <b>Combined with BP</b>	<b>Tips to Create Your Personal Learning Network</b> (F Ankel; A Swaminathan; PANEL: M Calderone Hass) (Legends BC)	<b>I'm Over It! Dealing with the Millennial Learner</b> (T Chaudry, C Roche) (Broadway ABCDE) <b>Combined with NAW</b>	<b>Slide Design Workshop</b> (Pillow, Poznanski, Patwari, Rezaie, Rogers) (Cumberland 1-2)			

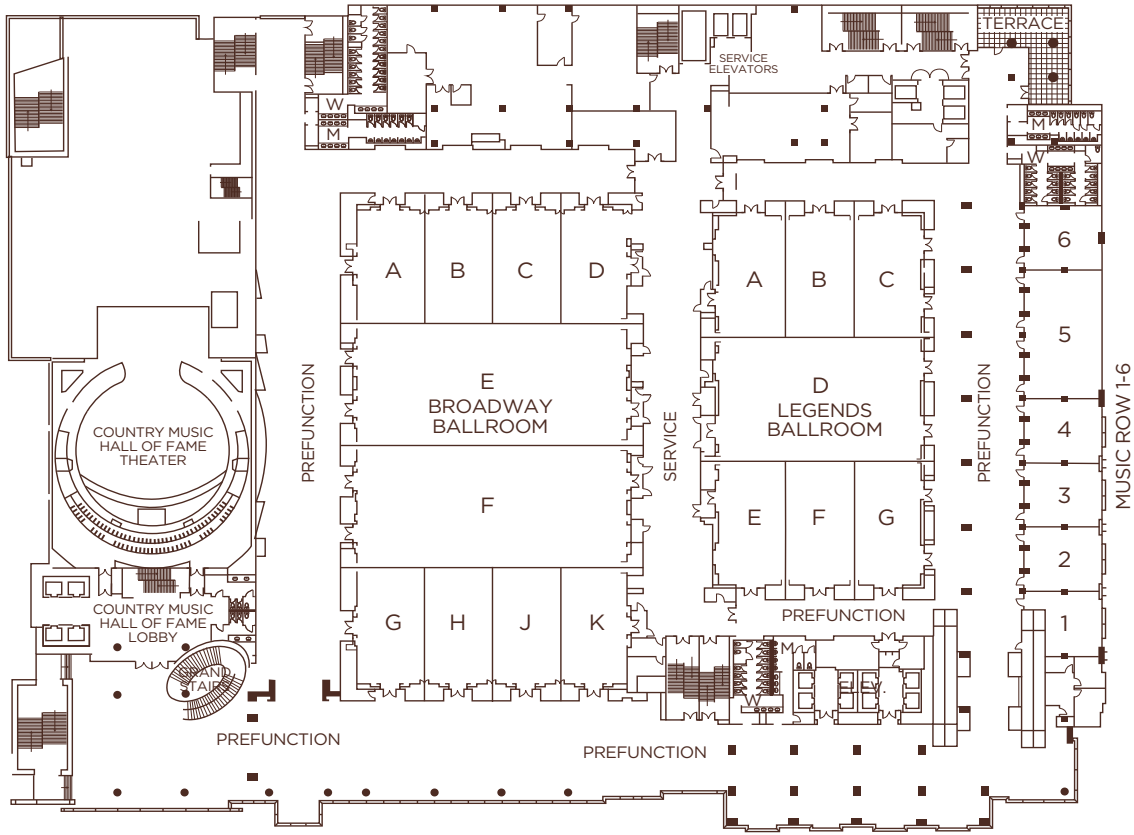
	Best Practices	NAW	CDEM	Resident	EMARC	iMedEd	iMedEd	Specialty
11:45-1:00	Lunch							AA Planning Committee (Cumberland 5-6)
1:00-2:00	RRC Update (C Sullivan; F Davis) (Broadway FGHIJK) <i>Combined with EMARC</i>	Junior Career Development: Mentoring – Why it Matters and How to do it Well (F Ankel, C Bourne) (Broadway ABCDE) <i>Combined with Resident</i>	Curricular Innovations (G Willis, C Heitz) (Legends D)	Junior Career Development: Mentoring – Why it Matters and How to do it Well (F Ankel, C Bourne) (Broadway ABCDE) <i>Combined with NAW</i>	RRC Update (C Sullivan; F Davis) (Broadway FGHIJK) <i>Combined with BP</i>	iMedEd – Advanced Session Hack-a-thon (R Cooney) (Cumberland 3-4) <i>Limited Registration</i>	iMedEd (Prefunction) <i>Limited Registration</i>	EMARC Software Bar (Prefunction)
2:00-3:00	CORD Business Meeting (Broadway FGHIJK)	Junior Career Development: Developing a Niche – Becoming a Content Expert (E Ullman; S Williams) (Broadway ABCDE) <i>Combined with Resident</i>	Making the M4 Year Matter (R Patwari) (Legends D)	Junior Career Development: Developing a Niche – Becoming a Content Expert (E Ullman; S Williams) (Broadway ABCDE) <i>Combined with NAW</i>	EMARC Business Meeting (Legends EFG)			
3:00-3:15		Break						
3:15-4:00		Junior Career Development: Just Say No (S Werner) (Broadway ABCDE) <i>Combined with Resident</i>	Current Topics in CDEM (K Hiller, P Ko) (Legends D)	Junior Career Development: Just Say No (S Werner) (Broadway ABCDE) <i>Combined with NAW</i>				
4:00-5:00	Lightning Orals (K Bhatia, C Heitz) (Broadway FGHIJK)							
5:30-7:30	CORD Reception (Country Music Hall of Fame Museum)							

## Day 4 🍎 Wednesday, March 9

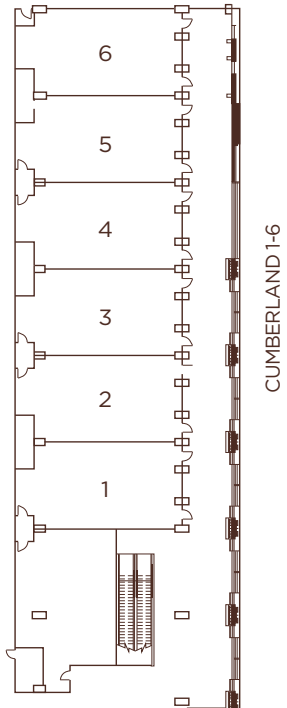
	Best Practices	NAW	CDEM	EMARC
7:00-8:00	Breakfast on Your Own			
8:00-9:00	Best of the Best In Educational Research & Innovation (L Moreno-Walton, C Heitz) (Broadway FGHIJK)			
9:00-10:00	PD Survival Stories (T Murano, M Fernandez) (Broadway FGHIJK) <i>Combined with NAW &amp; EMARC</i>	PD Survival Stories (T Murano, M Fernandez) (Broadway FGHIJK) <i>Combined with BP &amp; EMARC</i>	Interprofessional and Interinstitutional Education (B Hexom; L Wilbur; L Thompson; J Edelstein) PANEL: D Cooper; M Li (Legends D)	PD Survival Stories (T Murano, M Fernandez) (Broadway FGHIJK) <i>Combined with BP &amp; NAW</i>
10:00-10:15	Break			
10:15-11:00	Career Directions: Changing Roles in Academics – How to Switch Gears (C Pfennig PANEL: P Ko; S Khandelwal; D Duong; K McCabe; T Eastin) (Broadway FGHIJK) <i>Combined with CDEM</i>	Negotiation 101: How To Be A Better Negotiator (M Garg) (Broadway ABCDE)	Career Directions: Changing Roles in Academics – How to Switch Gears (C Pfennig PANEL: P Ko; S Khandelwal; D Duong; K McCabe; T Eastin) (Broadway FGHIJK) <i>Combined with BP</i>	De-Stress at Your Desk! (K Foland) (Legends EFG)
11:00-11:45	Career Directions: Pearls and Pitfalls of Changing Institutions (T Taira, J Fisher, D Egan) (Broadway FGHIJK) <i>Combined with CDEM</i>	Taking What you Learned Home and Get it Done! (D Hart; A Chung) (Broadway ABCDE)	Career Directions: Pearls and Pitfalls of Changing Institutions (T Taira, J Fisher, D Egan) (Broadway FGHIJK) <i>Combined with BP</i>	ERAS Updates (ERAS staff) (Legends EFG)
11:45-12:30	Career Directions: Succession Planning: When to Get Out, How to Get Out, and How to Give It Over (M Carter, J Schneider) (Broadway FGHIJK) <i>Combined with CDEM</i>		Career Directions: Succession Planning: When to Get Out, How to Get Out, and How to Give It Over (M Carter, J Schneider) (Broadway FGHIJK) <i>Combined with BP</i>	
12:30-1:30	LUNCH ON YOUR OWN AND END			

# HOTEL MAP/ROOM LAYOUTS

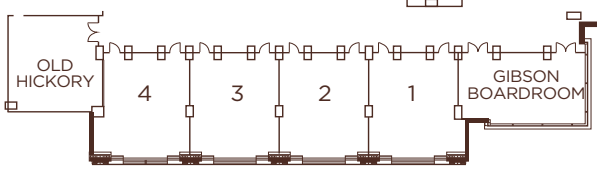
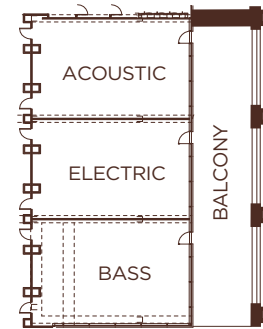
## LEVEL TWO



## LEVEL THREE



## LEVEL FOUR



MOCKINGBIRD MEETING ROOMS 1-4

# Committee Meetings

## Day One, Sunday, March 6, 2016

Committee	Room	Time
ALiEM/CORD Task Force	Mockingbird 3	3:00 – 4:30 PM

## Day Two, Monday, March 7, 2016

Committee	Room	Time
Academic Assembly Senior Advising Committee	Cumberland 5	7:00 – 8:00 AM
New Program Leaders Track Planning Committee Meeting	Mockingbird 3	7:00 – 8:00 AM
Best Practices Track Planning Committee	Mockingbird 4	7:00 – 8:00 AM
ACEP/CORD/SAEM Joint GME Work Group	Mockingbird 1	7:00 – 8:00 AM
Academy for Scholarship Executive Meeting	Music Row 1	7:00 – 8:00 AM
Simulation Community of Practice	Music Row 2	7:00 – 8:00 AM
Academy for Scholarship Membership Meeting	Music Row 1	12:00 – 1:30 PM
EMARC Executive Committee	Music Row 2	12:00 – 1:30 PM

## Day Three, Tuesday, March 8, 2016

Committee	Room	Time
SLOE Taskforce	Music Row 2	7:00 – 8:00 AM
Individualized Interactive Instructions Task Force	Music Row 3	7:00 – 8:00 AM
Electronic Resources Committee	Music Row 4	7:00 – 8:00 AM
Clerkship Director Track Planning Committee	Music Row 6	7:00 – 8:00 AM
Patient Experience Task Force	Mockingbird 1	11:45 AM – 1:00 PM
Resilience Committee	Mockingbird 3	11:45 AM – 1:00 PM
2017 Academic Assembly Planning Committee	Cumberland 5 – 6	11:45 AM – 1:00 PM
Medical Student Advisement Task Force	Music Row 1	11:45 AM – 1:00 PM
Social Media Committee	Music Row 2	11:45 AM – 1:00 PM
Remediation Task Force	Music Row 3	11:45 AM – 1:00 PM
Four Year Program Community of Practice	Music Row 4	11:45 AM – 1:00 PM
CORD/AAMC Video Pilot Task Force	Music Row 6	11:45 AM – 1:00 PM

## Day Four, Wednesday, March 9, 2016

Committee	Room	Time
Transitions of Care Task Force	Music Row 2	7:00 – 8:00 AM



# other **Fun** things to do

## BELLE MEADE PLANTATION TOUR

Journey back in time to spectacular magnolia trees and immaculate estates as you enjoy a guided tour of the Belle Meade Plantation, a beautifully-restored antebellum mansion dating back to 1853.

The Harding family plantation's stables became renowned for their breeding of quality thoroughbred horses; buyers from around the world would flock to the plantation for the chance to purchase the magnificent animals. In fact, famous horses such as Secretariat, Seabiscuit, Funny Cide and Smarty Jones can all trace their lineage back to this farm! The plantation was also a popular destination for entertaining evenings, full of fine wining and dining. As the epicenter of society and social events, the plantation was the site of many events with guest lists of hundreds of people.

*5025 Harding Pike Nashville, TN 37205 | 1-800-987-9852.*



## THE HERMITAGE, HOME OF PRESIDENT ANDREW JACKSON

Take a tour of President Andrew Jackson's beloved Nashville estate, which has been painstakingly preserved as both a museum and historic home. The property, purchased by Andrew Jackson in 1804, includes the mansion, several outbuildings, and the modest (although expensively decorated) log farmhouse that Jackson and his wife Rachel lived in for the first sixteen years of their land ownership. Learn how Jackson thrived in farming (with the help of slaves, who eventually numbered as many as 150) while balancing his military and political careers. Follow the story of Jackson's life by examining the buildings that were built as his wealth grew, including the mansion which was completed in 1820.

*4580 Rachel's Lane Nashville, TN 37076 | 1-800-987-9852*



## NASHVILLE ZOO

The Nashville Zoo is home to animals from all over the globe.

Amphibians, arthropods (insects, arachnids and crustaceans), birds, fish, mammals and reptiles each have their very own habitat meticulously constructed to resemble their natural homes. While there are animals that stretch all across the color spectrum, a few newcomers have stolen the show.

In 2012, an 18-month old reticulated giraffe named Layla joined the Nashville Zoo family. She is the zoo's first reticulated giraffe, one of the sub-species of giraffe, and the other two giraffes already inhabiting the area have welcomed her. Other newcomers include a recently acclimated herd of African elephants and a pristine couple of snowy owls.

*3777 Nolensville Pike Nashville, TN 37211 • 800-987-9852*





## COUNTRY MUSIC HALL OF FAME AND MUSEUM

The Country Music Hall of Fame and Museum is the gateway into the extraordinary history of country music. This 37 million dollar complex houses impressive artifacts, interactive exhibits, and prestigious awards of the country music greats of yesterday and today. The venue occupies an entire city block, and is the single best way to appreciate the heritage and impact of country music today.

There are several exciting ways to explore the Country Music Hall of Fame, each offering unique benefits. Tour the museum on your own or purchase the audio tour to hear the music of your favorite stars, interact with incredible exhibits, and learn more about the amazing performers who have helped to make this genre what it is today.

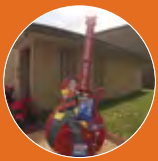
When you step into the Country Music Hall of Fame and Museum, you will be embarking on a trip through decades of country music history in this architecturally-stunning building. A towering wall of honor features displays of every gold and platinum record to hit the country music charts, as well as exhibits dedicated to the music trailblazers and legends who have been inducted into the Hall of Fame. The 40,000-square-foot museum features rare recordings, memorabilia, and raveling exhibits.

## WILLIE NELSON & FRIENDS MUSEUM & GENERAL STORE

Experience the unique history of country music and find the perfect Music City souvenir at the Willie Nelson and Friends Museum and General Store. Join the hundreds of fans from around the world who visit the museum and store every year as you journey through the self-guided tour featuring exhibits, individual displays, and personal items of more than 30 famous country music performers! At the museum you will find a collection of Willie Nelson's beloved personal items, as well as those of Patsy Cline, Dolly Parton, Loretta Lynn, Kenny Rogers, and Faron Young.



# Timeless Journeys



### RIDE THE ROW

Take a tour of Music Row and visit historic RCA Studio B, the famous recording studio where Elvis recorded over 200 songs. Roy Orbison, Dolly Parton, Chet Atkins, Eddy Arnold and many more recorded classic hits here. Not surprisingly, the heartbeat of Music City is driven by music—from country to classical. Tours of RCA Studio B depart daily from the Country Music Hall of Fame and Museum.



### VISIT THE PARTHENON

Originally built for Tennessee's 1897 Centennial Exposition, the Parthenon remained for 23 years in the empty fairgrounds. In 1901, the Nashville Board of Parks was formed, and in 1902, Centennial Park — Nashville's premier urban park — was established. The Parthenon has been the cornerstone of the park every since. The building itself is an exact replica of the original Parthenon in Athens, Greece. A 42-foot, full-scale replica of the statue Athena is housed at this location. Inside find replicas of the Parthenon Marbles, direct casts of the original sculptures that adorned the pediments of the Athenian Parthenon, which dated back to 438 B.C.



### GRAND OLE OPRY

The Grand Ole Opry in Nashville, for more than 90 years has had the greatest country music stars in the world grace the Opry stage for its terrific show. There are always surprises at the shows, and you never know when famous members like Garth Brooks, Dolly Parton, Brad Paisley, and Dierks Bentley may be stopping by. Make it your turn to be part of this exciting American tradition.

# 2016 Award Recipients

## **MICHAEL P. WAINSCOTT PROGRAM DIRECTOR AWARD**

Christopher Doty, MD

## **FACULTY TEACHING AWARD**

Jonathan Bronner, MD  
Sreeja Natesan, MD

## **RESIDENT ACADEMIC ACHIEVEMENT AWARD**

Shawna Bellew, MD  
Michael Gottlieb, MD

## **ACADEMY FOR SCHOLARSHIP**

Joseph B. House, MD  
*Academy Member in Education Research*

Margaret S. Wolff, MD  
*Academy Member in Enduring Educational Materials*

Laura R. Hopson, MD  
*Academy Scholar for Education Leadership*

Lisa Moreno-Walton, MD, MS, MSCR  
*Distinguished Educator in Education Leadership*

Michael Cassara, DO, MEd  
*Distinguished Educator in Teaching and Evaluation*



**CLERKSHIP DIRECTOR  
LONGEVITY AWARD**

**Twenty Years**  
Smeeta Verma, MD

**PROGRAM CHAIR LONGEVITY AWARD**

**Thirty Years**  
Lewis Goldfrank, MD

**PROGRAM DIRECTOR LONGEVITY AWARD**

**Five Years**

Shellie Asher, MD  
David Barnes, MD  
Fiona Gallahue, MD  
Ronald Hall, MD  
Maria Moreira, MD  
Linda Regan, MD  
Pawan Suri, MD

**Ten Years**

Jim Comes, MD  
Michael Epter, DO  
Thomas McLaughlin, DO  
Thomas Perera, MD  
Stephan Rinnert, MD  
Susan Stroud, MD

**Fifteen Years**

Francis DeRoos, MD  
Scott Votey, MD

**Twenty Years**

Alan Janssen, DO  
Richard Shih, MD

**ASSISTANT/ASSOCIATE PROGRAM DIRECTOR  
LONGEVITY AWARD**

**Five Years**

Jeremy Branzetti, MD  
Lauren Conlon, MD  
Sameer Desai, MD  
Maureen Gang, MD  
Tarlán Hedayati, MD  
Michael Jones, MD  
Rodney Omron, MD  
Jessica Smith, MD  
Danielle Turner-Lawrence, MD  
Katren Tyler, MD

**Ten Years**

Charlotte Derr, MD  
Michele Dorfsman, MD  
Manish Garg, MD  
Lori Weichenthal, MD

**Fifteen Years**

Kerin Jones, MD  
Osman Sayan, MD

**MERC AT CORD  
SCHOLARS**

Nicole Dubosh, MD  
Paul Kreiger, MD  
Anne Messman, MD  
Dan Runde, MD

**EMARC PROGRAM COORDINATOR LONGEVITY AWARD**

**Five Years**

Bonnie Cheung  
Melody Cikalo  
Trina Kropka, MS  
Debra Looper  
Jessica Ruiz Lebron  
Linda Schneider

**Ten Years**

Kimberly Brown, BS  
Stephanie Lane, MPH  
Annette Martinez-Lievanos  
Susen Riser, BA  
Denise Robertson

**Fifteen Years**

Cindy Koonz  
Colleen Mayer, AS  
Marianne Pellon  
Denise Toriani, MBA, C-TAGME

**Twenty Years**

Donna Morgan

**Twenty Five Years**

Sandra Mirabal

*Congratulations*

**Day One, Sunday  
March 7, 2016**

**New Programs and Leaders**

**8:00 AM – 8:30 AM**

**The Telephone Game – Effective Communication**

*Saadia Akhtar, MD; Maria Moreira, MD*

Communication is a key factor to team success. The leadership team needs to prioritize communication in order to avoid confusion, work redundancy or transfer of misinformation. While there are different modalities available for communication, each may be most appropriate for certain situations.

After this session participants should be able to:

1. Maximize team communication through effective meetings,
2. Understand individual communication styles to maximize understanding amongst team members, and
3. Describe methods to address communication of sensitive information.

**8:30 AM – 9:00 AM**

**Rock and a Hard Place: Mediating Conflict Between Faculty and Residents**

*Bo Burns, DO; Christopher Doty, MD FAAEM FACEP*

Leadership dynamics and strong personalities with the Program can lead to conflict and the Program Leadership may feel caught in the middle. But, is the Faculty always right? What resources and techniques exist to help mitigate conflict between Faculty and Residents while protecting your culture.

After this session participants should be able to:

1. Discuss common conflicts that may arise between Faculty and Residents during residency training and the role of the Program Leadership in identification and resolution,
2. Identify and demonstrate effective (and objective) conflict resolution strategies and the role of the PD and Program Leadership in this process,
3. Equip the audience with a plan to successfully navigate these difficult situations by identifying resources that exist online or in your Department and Institution, and
4. Discuss specific examples of conflict between residents and Faculty and develop action plans and suggestions to initiate the dialogue to promote and preserve a continued culture of professionalism and respect.

**9:00 AM – 9:30 AM**

**PDs are from Mars, CDs are from Venus**

*Cullen Hegarty, MD; Sarah Ronan-Bentle, MD*

This session is intended for junior faculty that are new to the letter writing process. We will introduce the CORD SLOE, show a demonstration of good/not as good SLOEs, and allow the participants time to craft a few SLOEs and get feedback. We will additionally discuss the SLOE from both the perspective of the letter reader and the letter writer.

After this session participants should be able to:

1. Understand the SLOE form,
2. Demonstrate best practices for filling out the SLOE both from the perspective of a letter reader and a letter writer,
3. Review example SLOEs (to see what to do/what not to do!), and
4. Craft a few SLOEs based on some mock students.

**9:45 AM – 11:30 AM**

**PLD Fair**

**1. Holistic Approach to Application Review**

*Jillian McGrath, MD; Ramin Tabatabai, MD*

Are you new to screening ERAS applications? Do you want to learn how to become great at it? Then this session is for you! The number of applications received by residency programs in emergency medicine is steadily increasing. This session discusses strategies for maintaining a holistic approach to

application screening in the setting of large volumes of application material for review.

After this session participants should be able to:

- a. Discuss the literature surrounding holistic application review,
- b. Discuss the recruiting benefits of holistic application review, and
- c. Discuss strategies for maintaining thorough review of application materials in the setting of increased volume.

**2. The Residency Interview**

*Gene Hern, MD; Charlotte Wills, MD*

This session targets people who are new to the PD or APD role who would like to learn more about interviewing candidates for residency. The session will be in a small group format. The session leaders will discuss the do's and don'ts of interviewing. They will include discussions of violations, legal issues and innovations.

After this session participants should be able to:

- a. Discuss do's and don'ts of residency interviewing,
- b. Identify illegal questions that should not be asked on a residency interview, and
- c. Implement innovations in residency interviewing to recruit the best candidates.

**3. Creating your Rank List**

*Jacob Uiberg, MD; Moshe Weizberg, MD*

This session will target the new PD or APD who would like to learn more about how to create a rank list. The session will discuss techniques to creating an effective rank list.

After this session participants should be able to:

- a. Discuss techniques to create an effective rank list, and
- b. Implement strategies to maximize your chances of matching the residents you most want.

**4. Completing the Annual WebADS**

*Todd Berger, MD; Teresa Smith, MD*

WebADS Annual update is one of the more daunting tasks of Program Leadership, especially if the data is collected just before the clock strikes twelve on the date of submission. We will strategize ways that the WebADS data can be gathered throughout the year, allowing for a more seamless final submission process. We will also discuss some of the more challenging sections in WebADS, such as Faculty Scholarship and Response to Citations (an art form unto itself). This small group discussion will be interactive – participants should bring their specific questions and issues, and be prepared to share their strategies and best practices with the group.

After this session participants should be able to:

- a. Define the most common terms used in the WebADS database (such as core faculty),
- b. Create a timeline and workflow strategy for data collection throughout the year, and
- c. Strategize best practices for challenging sections, such as faculty scholarship and response to citations.

**5. Transitions from APD to PD: The Secrets No One Ever Told You**

*Colleen Roche, MD; Jessica Smith, MD; Christine Babcock, MD*

New Program Directors are often faced with challenges they did not face or anticipate as APD's. This transition can lead to significant stress that can impact job satisfaction and one's effectiveness as a leader. This session will identify these challenges and strategies to overcome them.

After this session participants should be able to:

- a. Discuss obstacles that current PD's faced at the beginning of their tenure,
- b. Prepare for personal and professional challenges they are likely to encounter in their transition to PD,
- c. Compose a management strategy for these common challenges, and
- d. Enhance relationships with colleagues to help develop a support network.

## 6. SOAP for the PD and the Student Advisor

*Tiffany Murano, MD; Sarah Ronan-Bentle, MD; Miriam Kulkarni, MD*

With more and more quality applicants interviewing at a larger number of programs, the likelihood of programs not filling has increased. Similarly, with more and more students applying to EM, the likelihood of an advisor having a student who does not match has increased as well. The process of scrambling has changed with the advent of SOAP. This session will focus on the experiences of program directors who have gone through this process, as well as student advisors who have guided students through the process.

After this session participants should be able to:

- Describe the process of applying for a SOAP position and advising a student through the process,
- Describe the process of accepting SOAP applications and screening applicants, and
- Understand lessons learned from program directors and student advisors who have gone through the SOAP process.

## 7. The ABC's of Your First Remediation Plan

*Daniel Egan, MD; Taku Taira, MD*

The problematic resident is one of the major challenges that face both the new and seasoned PD or APD. In this talk we will discuss the initial remediation of the problem learner. We will cover a step by step process of identification of the underlying problem, the drafting of a remediation plan, options for intervention, options for escalation, potential institutional resources, and methods for documentation.

After this session participants should be able to:

- Diagnose a problematic learner,
- Create a remediation plan, and
- Track the resident's progress on their remediation plan.

## 8. Setting up Effective Committees: CCC, PEC, etc.

*Abbas Husain, MD; Irina Aleshinskaya, DO*

Residency programs are now required to create committees including a clinical competency committee and a program evaluation committee. This session will be a primer for new PD's and APD's on how to design your CCC and PEC.

After this session participants should be able to:

- Discuss the requirements for CCC and PEC,
- Be able to design an appropriate CCC and PEC in your department, and
- Evaluate your CCC and PEC to make sure they are as effective as possible.

## 1:00 PM – 2:00 PM

### Academics 101: Academic Currency

*Mary Jo Wagner, MD, FACEP*

This session will provide a roadmap to the promotional tracks within academic medicine. Specifically, pre-requisites for promotion from instructor, to assistant, to associate, to full professor and how they differ between educators, researchers and clinicians. Examples to be given from various academic institutions.

After this session participants should be able to:

- Describe the requirements involved in promotions and tenure tracks,
- Understand the difference, both advantages and disadvantages of being on various academic tracks, and
- Understand the diversity of requirements between institutions.

## 2:00 PM – 3:00 PM

### Academics 101: Career Paths in Academics

*Taku Taira, MD PANEL: Terry Kowalenko, MD; Richard Wolfe, MD; Corey Slovis, MD; Burton John, MD; Brahim Adrolic, MD*

This will be a panel of Chairs in Emergency Medicine discussing their personal career paths and what they see as the potential career paths within emergency medicine.

After this session participants should be able to:

- Understand the potential career paths that exist within academic emergency medicine,
- Identify methods to find the right career path, and
- Identify specific opportunities for developing your career.

## 3:15 PM – 3:30 PM

### Junior Faculty Skills Workshop – Verbal Feedback, Written Feedback and Bedside Teaching

*Lalena Yarris, MD, MCR; David Saloum, MD; Aaron Kraut, MD; J. Scott Wieters MD; Mindi Guptil, MD*

This workshop is intended for new, junior faculty members, or any faculty member looking to brush up on some basic skills. During this workshop, participants will learn skills pertaining to three important areas – verbal feedback, written feedback and bedside teaching.

After this session participants should be able to:

- Describe strategies that can be used to improve verbal feedback sessions,
- Understand the pearls and pitfalls of writing effective feedback for learners, and
- Demonstrate improved bedside teaching skills with an understanding of at least one method to approach the teachable moment.

## 3:30 PM – 5:00 PM (This session repeated every 30 minutes)

### Junior Faculty Skills Workshop: Verbal Feedback Workshop – How to Maximize the Opportunity

*Lalena Yarris, MD, MCR; Aaron Kraut, MD*

The paradigm of feedback has shifted in recent years to become much more learner-centric. How can we, as faculty, align our current verbal feedback practices with what learners crave? This portion of the workshop will highlight several strategies for faculty to deliver meaningful verbal feedback and promote a positive feedback culture at their institutions.

After this session participants should be able to:

- Define the new feedback paradigm in medical education,
- Explore factors which influence learner feedback seeking behavior and response to feedback,
- Identify concrete strategies to build positive feedback culture at your institution, and
- Focus on techniques to use when delivering verbal feedback to make your feedback moment more effective.

## 3:30 PM – 5:00 PM (This session repeated every 30 minutes)

### Junior Faculty Skills Workshop – Putting Pen to Paper – Composing Effective Written Feedback

*David Saloum, MD*

Formative feedback is an essential part of the education and growth of the resident learner. For feedback to be effective, it must be delivered in a way that will be successfully incorporated. We all frequently are asked to fill out written feedback forms. This workshop will focus on how to best deliver feedback in the written form.

After this session participants should be able to:

- Describe important elements of effective feedback,
- Discuss the pitfalls of the written method of feedback and how to avoid them, and
- Focus on strategies to maximize the impact and opportunity of using the written word when giving feedback.

## 3:30 PM – 5:00 PM (This session repeated every 30 minutes)

### Junior Faculty Skills Workshop – Teach me Something Quick! Mastering Efficient Bedside Teaching

*J. Scott Wieters, MD; Mindi Guptil, MD, FACEP*

Bedside teaching is still the most effective and common way to teach and model excellent patient care. Learn the difference between subtacular and spectacular techniques as we incorporate proven and innovative methods to the art of bedside teaching

After this session participants should be able to:

- Describe elements of efficient bedside teaching techniques,
- Modify their own teaching styles to become more effective, and
- Create moments of spectacular bedside teaching;

*continued*

## Best Practices

**8:00 AM – 8:30 AM****The Interview – Illegal Questions and Novel Methods***Hern Gene, MS, MD; Charlotte Wills, MD*

Every year thousands of EM bound applicants come to interview with programs across the country. Some programs do 'training' for faculty interviewers and some do not. Some programs ask illegal questions. Almost 15% of applicants state they are asked for some sort of 'commitment' in clear violation of the NRMP rules. Many faculty members and residents do not realize the 'interview' is a federally protected interaction between applicants and programs. Almost 10% of applicants state they are asked questions about childbearing or family planning. What are the guidelines and legal boundaries which should never be crossed? There have also been significant advances in interviewing techniques and strategies to help programs decide which applicants are right for them. Balancing program marketing/messaging and filtering applicants presents a challenge for programs during the interview season. MMI (Multiple Mini Interview) methods have been used successfully. Are they right for residencies?

After this session participants should be able to:

1. Discern legal from illegal questions during interviews,
2. Understand the prevalence of illegal questioning nationally and in EM specifically,
3. Understand the NRMP policy on post match communication,
4. Utilize novel techniques to better understand applicants,
5. Decide if novel interviewing techniques are right for their program, and
6. Take advantage of electronic scheduling and waitlist applications.

**8:30 AM – 9:00 AM****Prepare for Fiscal Uncertainty and Furthering Your Mission-Establish an Endowment***Ryan Fringer, MD, FACEP, FAAEM*

Funding for Graduate Medical Education is threatened at multiple levels. Advocacy and political involvement by academic emergency physicians is imperative to maintain governmental involvement and funding for GME positions and training. Importantly, however, program directors need funds that can be used for discretionary purposes and expanding the residencies mission and accomplishing aims. These expansion funds and discretionary spending monies are also in jeopardy. The sources of these funds are varied and often not under the direct control of the program director. This session will focus on how program directors can establish an endowed fund to support education in Emergency Medicine.

After this session participants should be able to:

1. Describe the fiscal challenges that residency programs face and how fund development can be useful in this context,
2. Evaluate your program's fiscal needs and revenue streams,
3. Assess the feasibility of establishing an endowed fund, and
4. Set a detailed timeline and list of tasks required to successfully establish an endowed fund.

**9:00 AM – 9:30 AM****PD Finances: Perspectives from GME, the Chair, and the Higher Ups!***Douglas McGee, DO, FACEP; John Burton, MD*

The landscape of GME funding is constantly changing and financial constriction is the new norm for PD's. What is the institution and organizational view of GME financing? How does the money flow? In this session, we have health care leaders including a Chair and VPMA, and a DIO provide PD's the view from higher up on the financing of their residency programs along with an eye on the future.

After this session participants should be able to:

1. Describe the financing of residency programs and the current landscape of GME funding,
2. Understand competing interests at the institutional and organizational levels, and
3. Discuss how to leverage your program for improved financing and budget considerations in the future.

**9:45 AM – 10:30 AM****Conference Reboot: The Nitty Gritty of Getting the Best Out of Your Didactics***Katie Goldflam, MD; Patrick Lank, MD*

Designing a successful didactic experience for residents includes coverage of core content while maintaining interest through level-appropriate presentation styles. We will discuss best practices of conference design, faculty engagement and day to day logistics and the en vogue small group format.

After this session participants should be able to:

1. Define the key components of a successful conference curriculum, including core content, PGY-appropriate formatting, variety of presentation and small group organization,
2. Discuss pearls and pitfalls of daily conference management, including attendance tracking, late arrivals, evaluation of presenters, residency leadership presence,
3. Describe ways to keep faculty engaged in attending conference and giving lecture, incentives, disincentives, expectations for core faculty, etc. , and
4. Provide a framework for small group management and the nitty gritty you need to think about.

**10:30 AM – 11:30 AM****CORD 560: Wellness!***Lynn Roppolo, MD; Kerry McCabe, MD, BMC; Casey Macvane, MD; Jeremy Branzetti, MD*

How Well is your program? We all have concerns about burnout in residents and faculty. During this fast paced CORD 560 session, 5 different talks are presented in best practices in wellness and burnout prevention.

1. The Mindful Milestone: Revolutionize Wellness in Emergency Medicine  
*Dhara Amin, MD; Abra Fant, MD*
2. The Science of Sleep and Circadian Rhythms to Prevent Burnout  
*Andrew Herring, MD*
3. Keeping Fuel from the Flames: Developing a Wellness Program for your Residency Program  
*Lori Weichenthal, MD*
4. Resilience: How to Recruit it and Foster it in your Residency Program  
*Autum Graham, MD; Rahul Bhat, MD*
5. Program Director Wellness – What's That?  
*Colleen Roche, MD; Daniel Egan, MD*

After this session participants should be able to:

- a. Discuss best practices around the wellness milestone,
- b. Understand best practice on program development to ensure wellness, and
- c. Discuss burnout prevention best practices.

**1:00 PM – 2:00 PM****Keeping The Research And Scholarship Pipeline Flowing***Stephen Wolf, MD, FACEP; John Burton, MD; Laura Hopson, MD*

Education research and scholarship are essential for promotion of faculty dissemination of new educational practices. Often projects stall after data collection or abstract presentation. This session will help faculty push through their scholarship through the pipeline to publication. The goal of this workshop is to promote scholarly productivity and is jointly offered with the best practice track in conjunction with the CORD Academy. We will describe successful innovative approaches, as a template for others to follow and help problem solve barriers.

After this session participants should be able to:

1. Plan how to turn our usual educational work into scholarship (identify good questions),
2. Develop personal research pipeline to scholarship,
3. Understand how to form effective teams and educational communities to plan and complete projects, and
4. Identify resource needs and develop publication strategy (abstracts, meetings).

**2:00 PM – 3:00 PM**

### **Faculty Development in Medical Education: Especially if your Institution Lacks a Senior Medical Education Specialist**

*Jaime Jordan, MD; Daniel Runde, MD*

Faculty development in medical education is a challenging task, especially if your department does not have a dedicated expert in the area. This session will aim to show attendees how to develop effective faculty development strategies in your own shop, no Vice Chair of Education or faculty development specialist required!

After this session participants should be able to:

1. Understand why faculty development in medical education is important and how to demonstrate its value to their colleagues and departmental leadership,
2. Identify the key curricular items essential to faculty development in medical education,
3. Identify 3-5 potential teaching strategies effective for this learner group (faculty) , and
4. Know where to look for potential resources and partnerships outside their department.

**3:15 PM – 4:00 PM**

### **Where Did the Year Go? Making Your PEC and APE the Absolute Best!**

*Jonathan Davis, MD, FACEP, FAAEM; Erica Shaver, MD*

The Program Evaluation Committee and its major work, the Annual Program Evaluation, are critical your program's improvement and success. Does your PEC run efficiently and effectively? We review best practices in managing this important process to get the valuable information you need to move forward and breeze through your self study visit.

After this session participants should be able to:

1. Discuss best practice around management of your PEC and APE,
2. Understand year long timelines and agendas for your PEC, and
3. Demonstrate tools that will help improve the efficiency and effectiveness of the PEC and APE.

**4:00 PM – 5:00 PM**

### **GME & The Law: When to get a Lawyer Involved**

*Carrie Tibbles, MD; Jamie Padmore, MSc*

Human Resources Law applied to GME is a challenge as HR policies are often difficult to apply to trainees. This session evaluates common legal issues that arise during training, how/when to involve hospital legal counsel, and when is it necessary to seek an attorney with expertise in Education Law.

After this session participants should be able to:

1. Describe common cases/areas where legal counsel is recommended or required,
2. Understand the role of (and when to involve) an attorney in residency training issues such as remediation, probation, termination, accommodation of disabilities, disciplinary action, etc.,
3. Understand limitations of hospital general counsel and expertise of lawyers with in education- or GME-related law and how it is applied, and
4. Learn of case law related to residents and students in training for commonly encountered academic, clinical, or disciplinary issues that arise during residency.

## **Clerkship Directors in EM**

**8:00 AM – 8:30 AM**

### **Flip the Pimp Bedside Teaching Pearls For the Advanced Educator**

*Scott Wieters, MD*

Bedside teaching is still the most effective and common way to teach and model excellent patient care. Learn the difference between subacicular and

spectacular techniques as we incorporate proven and innovative methods to the art of bedside teaching. a description of the session:

After this session participants should be able to:

1. Critique poor bedside teaching techniques,
2. Modify your own teaching styles to become more effective, and
3. Create moments of spectacular bedside teaching.

**8:30 AM – 9:00 AM**

### **Teaching the Oral Case Presentation: Is there a Best Method?**

*Kendra Parekh, MD*

The oral case presentation constitutes a large majority of the attending-student interaction and is often used to evaluate student performance. Students have an unmet desire for instruction on the topic but there is no standard method for teaching this critical skill.

After this session participants should be able to:

1. Recognize the oral case presentation as an essential communication tool,
2. Appreciate the unique nature of the oral case presentation in emergency medicine,
3. Summarize and appraise current methods for teaching medical students oral case presentation skills, and
4. Discuss the feasibility of implementing these methods in the emergency department setting.

**9:00 AM – 9:30 AM**

### **Development of a Fourth Year Emergency Medicine Specific Boot Camp**

*Edward Ullman, MD*

The importance of this type of course as well as the particular curricular challenges involved will be discussed.

After this session participants should be able to:

1. Understand development of an emergency medicine specific boot camp,
2. Curriculum development,
3. Faculty buy in and development, and
4. Medical School benefits.

**9:45 AM – 10:30 AM**

### **Sim What?! Incorporating Simulation Didactics within Your Undergraduate Medical Education**

*Nur-Ain Nadir, MD; Craig Goolsby, MD, FACEP*

Medical simulation has gained popularity in recent years. However many educators find it difficult to incorporate simulation didactics in clerkships. Incorrectly done, simulation can harm learners. Here, we focus on exploring the fundamentals of medical simulation for undergraduate EM education.

After this session participants should be able to:

1. Be familiar with major tenets of simulation theory,
2. Understand how simulation didactics can be applied to the EM clerkships,
3. Practice creating undergraduate EM specific simulation cases and activities,
4. Describe at least two simulation debriefing techniques (advocacy-inquiry, plus/delta, rapid cycling) , and
5. Learn how to use simulation for formative and summative assessment.

**10:30 AM – 11:00 AM**

### **Teaching Procedures in the Clerkships**

*David Manthey, MD, FACEP, FAAEM; Mary Jo Wagner, MD, FACEP*

Interactive session covering the theory behind how learners learn procedural skills followed by hands on practice of teaching a clinical skill (iv placement. Discussion of evaluation of inferred versus observed versus structured competency assessments.

After this session participants should be able to:

1. Understand Theory behind procedural learning (Maslow, Simpson and Harrow's taxonomy, and Dreyfus Model,
2. Define cognitive phase of learning procedural skills into two sub-phases of conceptualization and visualization,

*continued*

3. Define psychomotor phase of learning procedural skills including practicing with correction and reinforcement, and
4. Discuss deliberate practice as defined by Ericsson

Interactive session:

- Describe steps of placing an IV (large group),
- Demonstrate steps of placing an IV with partner,
- Discuss steps missed in placing an IV and identify critical steps (large group),
- Practice teaching IV placement with partner,
- Discuss proper assessment of procedures,
- Step by step checklist,
- Fluidity of motion and dexterity evaluation,
- Discuss why and how to correct learners in two environments, and
- Clinical and simulated.

**11:00 AM – 11:30 AM**

#### Teaching Clinical Decision Making to Medical Students

*Kevin King, MD, FACEP, FAAEM*

Clinical decision making is the foundation of all physician clinical activity. Medical students generally learn this process through trial and error and passive observation. The speaker will describe a curriculum that teaches students strategies to improve clinical decision making.

After this session participants should be able to:

1. Be able to describe the cognitive differences between novice learners and clinical experts (faculty),
2. Describe strategies on how to bridge the different communication and cognitive needs of learners and experts,
3. Describe a model for clinical decision making, and
4. Understand an approach which allows experts and novices to easily and efficiently communicate using the clinical decision making model to provide high-quality clinical teaching.

**1:00 PM – 2:00 PM**

#### Current Issues in Clinical Assessment: EPAs in the Clerkships

*Luan Lawson, MD, MAEd, FACEP; Laura Thompson, MD; Mike Smith, MD; Cynthia Leung, MD*

The EPAs aim to close the gap between program director's expectations and resident performance on day 1 of residency. Assessment of EPAs should occur in an authentic practice setting with longitudinal and formative feedback. EM clerkships offer an ideal setting for teaching and assessment of EPAs. Different issues related to EPA, its usage and assessments in the clerkships will be examined.

After this session participants should be able to:

1. Define entrustable professional activities and understand their role as an emerging model for assessment,
2. Describe the relationship between EPAs, Competencies and Milestones,
3. Identify the EPAs best taught and assessed in the emergency department, and
4. Describe EPA assessment strategies appropriate for the EM clerkship.

**2:00 PM – 5:00 PM**

#### CDEM End-of-Shift Assessment Consensus Conference, Day 1

*Katherine Hiller, MD, MPH; Douglas Franzen, MD, M.Ed, FACEP; Luan Lawson, MD, MAEd; Juliana Jung, MD; Paul Ko, MD; David Manthey, MD; Matthew Tews, DO; Joseph House, MD; Jonathan Fisher, MD; Marianne Haughey MD; Nicole Dubosh MD; David Wald DO; Arleigh Trainor MD*

We will discuss and attempt to develop consensus around major themes on end of shift clinical assessment of medical students in the ED; including criterion vs norm referencing; learners at different levels of learning; translation of end of shift evaluations into other assessment products (end of rotation evaluation,

SLOEs, etc) and faculty development around the use of end of shift assessment tools.

After this session participants should be able to:

1. Define the major themes around which clinical evaluation of medical students in the ED revolve, and
2. Participate in a consensus-building process in which best practices for evaluation and assessment are discussed and determined.

### Navigating the Academic Waters

**8:00 AM – 8:30 AM**

#### The Telephone Game – Effective Communication

*Saadia Akhtar, MD; Maria Moreira, MD*

Communication is a key factor to team success. The leadership team needs to prioritize communication in order to avoid confusion, work redundancy or transfer of misinformation. While there are different modalities available for communication, each may be most appropriate for certain situations.

After this session participants should be able to:

1. Maximize team communication through effective meetings,
2. Understand individual communication styles to maximize understanding amongst team members, and
3. Describe methods to address communication of sensitive information.

**8:30 AM – 9:00 AM**

#### Intro to GME for the New Academic Faculty Member

*Mary Jo Wagner, MD, FACEP; Joshua Schechter, MD*

This session is designed to help a new faculty member gain a more detailed understanding of GME structure. We will explore the role of the ACGME and the RRC. Understand what your hospital GME office does and what program requirements are. What is a DIO? When will our program have a site visit and what is that like? All your questions about how GME works will be answered for you!

After this session participants should be able to:

1. Describe the process by which all residency programs are accredited,
2. Discuss the regulations that govern the curriculum of a residency program, and
3. Identify faculty guidelines as it relates to the accrediting of residency programs.

**9:00 AM – 9:30 AM**

#### Department Mechanics – From Hiring to Financing

*Eric Katz, MD, FAAEM, FACEP*

This session is designed to help new faculty understand how an academic department operates from a Chair's perspective. Issues such as departmental budgets, hiring decisions and faculty evaluations will be covered.

After this session participants should be able to:

1. Better understand how academic chairs view their department from a financial point of view,
2. Gain understanding of how departmental priorities are set, and
3. Gain understanding about the process of faculty evaluation from a Chair's perspective.

**9:45 AM – 10:30 AM**

#### Creating Learner-Centered Models in Your Program- Andragogy 101

*Christopher Doty, MD, FAAEM, FACEP*

Modern learners are becoming increasingly complex. Niche development is easier than ever with the rapid increase in the availability of ILL resources. PDs need to critically appraise their present curricular/structural designs to become more resident-centric as educators.

After this session participants should be able to:

1. Identify and create programs in the residency to address individual learners needs,

2. Create structures to engage residents across many interests and develop sustainable mentoring relationships,
3. Build didactic conference programs optimized for today's adult learners, and
4. Understand Andragogical education theory.

**10:30 AM – 11:00 AM**

### **Improve your Slide Design and Make Presentation Magic!**

*Jason Wagner, MD, FACEP*

This session will cover the basics of slide design. Followed by the power of animations, and who how to avoid the potential pitfalls. Finally we will cover utilizing media such as audio and video in your slides. I will be using Keynote, but the lessons taught will apply to Powerpoint as well.

After this session participants should be able to enhance the quality of their slide builds, with added emphasis on imagery and media.

**11:00 AM – 11:30 AM**

### **You Want to Try What? Creative Solutions to Spice up Didactic Conference**

*Michael Epter, DO, FAAEM; Andrew Phillips, MD, Med*

Please enter a description of the Session: Learning is largely dependent on experiences, but educators are often challenged with how to implement these experiences within teaching the core content of EM. Through utilization of multiple resources (e.g. Really Good Stuff & MedEdPORTAL), a toolbox of fresh instructional methods will be provided.

After this session participants should be able to:

1. Describe 2 new instructional methods to facilitate learner-centered education at didactic conference,
2. Develop a framework for implementing new instructional methods into your didactic curriculum, and
3. Describe characteristics of effective teaching methods.

**1:00 PM – 2:00 PM**

### **Academics 101: Academic Currency**

*Mary Jo Wagner, MD, FACEP*

This session will provide a roadmap to the promotional tracks within academic medicine. Specifically, pre-requisites for promotion from instructor, to assistant, to associate, to full professor and how they differ between educators, researchers and clinicians. Examples to be given from various academic institutions.

After this session participants should be able to:

1. Describe the requirements involved in promotions and tenure tracks,
2. Understand the difference, both advantages and disadvantages of being on various academic tracks, and
3. Understand the diversity of requirements between institutions.

**2:00 PM – 3:00 PM**

### **Academics 101: Career Paths in Academics**

*Taku Taira, MD PANEL: Terry Kowalenko, MD; Richard Wolfe, MD; Corey Slovis, MD; Burton John, MD; Brahim Adrolic, MD*

This will be a panel of Chairs in Emergency Medicine discussing their personal career paths and what they see as the potential career paths within emergency medicine.

After this session participants should be able to:

1. Understand the potential career paths that exist within academic emergency medicine,
2. Identify methods to find the right career path, and
3. Identify specific opportunities for developing your career.

**3:15 PM – 3:30 PM**

### **Junior Faculty Skills Workshop – Verbal Feedback, Written Feedback and Bedside Teaching**

*Lalena Yarris, MD, MCR; David Saloum, MD; Aaron Kraut, MD; J. Scott Wieters MD; Mindi Guptil, MD*

This workshop is intended for new, junior faculty members, or any faculty member looking to brush up on some basic skills. During this workshop, participants will learn skills pertaining to three important areas – verbal feedback, written feedback and bedside teaching.

After this session participants should be able to:

1. Describe strategies that can be used to improve verbal feedback sessions,

2. Understand the pearls and pitfalls of writing effective feedback for learners, and
3. Demonstrate improved bedside teaching skills with an understanding of at least one method to approach the teachable moment.

**3:30 PM – 5:00 PM** (This session repeated every 30 minutes)

### **Junior Faculty Skills Workshop – Putting Pen to Paper – Composing Effective Written Feedback**

*David Saloum, MD*

Formative feedback is an essential part of the education and growth of the resident learner. For feedback to be effective, it must be delivered in a way that will be successfully incorporated. We all frequently are asked to fill out written feedback forms. This workshop will focus on how to best deliver feedback in the written form.

After this session participants should be able to:

1. Describe important elements of effective feedback,
2. Discuss the pitfalls of the written method of feedback and how to avoid them, and
3. Focus on strategies to maximize the impact and opportunity of using the written word when giving feedback.

**3:30 PM – 5:00 PM** (This session repeated every 30 minutes)

### **Junior Faculty Skills Workshop – Teach me Something Quick! Mastering Efficient Bedside Teaching**

*J. Scott Wieters, MD; Mindi Guptil, MD, FACEP*

Bedside teaching is still the most effective and common way to teach and model excellent patient care. Learn the difference between subtacular and spectacular techniques as we incorporate proven and innovative methods to the art of bedside teaching

After this session participants should be able to:

1. Describe elements of efficient bedside teaching techniques,
2. Modify their own teaching styles to become more effective, and
3. Create moments of spectacular bedside teaching;

**3:30 PM – 5:00 PM** (This session repeated every 30 minutes)

### **Junior Faculty Skills Workshop: Verbal Feedback Workshop – How to Maximize the Opportunity**

*Lalena Yarris, MD, MCR; Aaron Kraut, MD*

The paradigm of feedback has shifted in recent years to become much more learner-centric. How can we, as faculty, align our current verbal feedback practices with what learners crave? This portion of the workshop will highlight several strategies for faculty to deliver meaningful verbal feedback and promote a positive feedback culture at their institutions.

After this session participants should be able to:

1. Define the new feedback paradigm in medical education,
2. Explore factors which influence learner feedback seeking behavior and response to feedback,
3. Identify concrete strategies to build positive feedback culture at your institution, and
4. Focus on techniques to use when delivering verbal feedback to make your feedback moment more effective.

## **New Program Coordinator/EMARC**

**8:00 AM – 8:30 AM**

### **EMARC Welcome and Introductions**

*Ann Hill, CAP-OM; Ellen Harr-Weatherby; Ambrosya Amlong; Jill Craig*  
Welcome to the EMARC track of the CORD 2016 Academic Assembly! Whether you are a regular attendee or a newcomer, this session will help you get to know CORD and EMARC and orient you to the busy AA 2016 conference schedule. News, announcements, and introductions are also on the agenda.

After this session participants should be able to:

1. Recognize key EMARC group members,
2. Understand the structure and function of CORD and EMARC, and
3. Understand the conference schedule as well as networking and development opportunities.

*continued*

**8:30 AM – 9:00 AM****The Basics of Accreditation for New Coordinators***Jill Craig*

Program accreditation is a vital and fundamental part of graduate medical education, but between RRC's, NAS, and ADS, the process can be complicated and overwhelming. This session will explore the structure and function of the Accreditation Council for Graduate Medical Education and take a closer look at the role of the coordinator in establishing and maintaining accreditation.

After this session participants should be able to:

1. Understand the structure, function, and components of the ACGME,
2. Understand the process of ACGME accreditation,
3. Identify key aspects of establishing and maintaining accreditation, and
4. Identify resources and tools related to ACGME accreditation.

**9:00 AM – 9:30 AM****Introduction to Recruitment for New Coordinators***Margaret Miller, BA*

Residency recruitment is a major component of every academic year and a major component of the residency program itself – once you match a resident, they are affiliated with your program for life! Understanding the components of the process is key to a successful season and a streamlined process.

After this session participants should be able to:

1. Identify the key components of the Match cycle,
2. Identify key organizations and describe their role in residency recruitment, and
3. Identify best practices in the recruitment process.

**9:45 AM – 10:30 AM****A Year in the Life of the Program Coordinator***Ambrosya Amlong*

In the world of emergency medicine program coordinators, no two days are alike. The academic year has periods of high intensity and relative calm. This session will provide an overview of the academic year and discuss daily management as well as long-term planning of the residency program.

After this session participants should be able to:

1. Identify the major events and cycles that occur within an academic year,
2. Anticipate common regular duties and needs of a residency program, and
3. Describe organizational tips and tricks to effectively manage the academic year.

**10:30 AM – 11:30 AM****Q&A for New Coordinators***Ann Hill, CAP-OM*

This session will provide an intimate, open forum for new coordinators to ask questions of more experienced coordinators and the track chairs. Learn the tips and tricks, pearls and pitfalls of all aspects of the residency coordinator position.

After this session participants should be able to:

1. Identify resources and tools for available to all program directors, and
2. Utilize experienced coordinators in order to better understand the coordinator role and responsibilities.

**11:30 PM – 1:00 PM****Mentoring: Building Your Network***Ambrosya Amlong; Raven-Olivia Kellum*

Attendees will be exposed to styles of mentorship. There will be a journey of exploration in the mentoring relationship. An effort will be made to connect new and seasoned coordinators to improve coordinator satisfaction and retention.

After this session participants should be able to:

1. Identify personal needs for a mentor, and
2. Understand the role a mentor can play in your personal and professional success.

**1:00 PM – 2:00 PM****Building an Effective Team***Ambrosya Amlong; Tonya Thomas*

Participants will gain knowledge in team formation, mentoring and quality feedback. Participants will have the opportunity to gain different team members perspectives, strengths and areas for growth and development.

After this session participants should be able to:

1. Define leadership styles, and
2. Understand principles of team formation and evolution.

**2:00 PM – 3:00 PM****Optimizing the Program Director/Program Coordinator Relationship***Jill Craig; Denise Lesinak; Michael Gisondi, MD; Jeffrey Pennington, MD*

The Director/Coordinator relationship has been called a marriage, a partnership, a team, and an alliance – but it takes work to take the relationship from one of colleagues to that of a winning team. Both PD and PC roles are essential to the success of the program, and within the constantly changing landscape and structure of training programs today it is more important than ever to optimize the PD/PC relationship. This session will focus on strategies and techniques for removing barriers, strengthening communications, and developing successful systems and habits.

After this session participants should be able to:

1. Describe how the PD/PC relationship impacts the residency program, and
2. Identify strategies and best practices for establishing and maintaining a healthy and effective PD/PC relationship.

**3:15 PM – 4:00 PM****Where did the year go? Making your PEC and APE the Absolute Best!***Jonathan Davis, MD, FACEP, FAAEM; Erica Shaver, MD*

The Program Evaluation Committee and its major work, the Annual Program Evaluation, are critical your program's improvement and success. Does your PEC run efficiently and effectively? We review best practices in managing this important process to get the valuable information you need to move forward and breeze through your self study visit.

After this session participants should be able to:

1. Discuss best practice around management of your PEC and APE,
2. Understand year long timelines and agendas for your PEC, and
3. Demonstrate tools that will help improve the efficiency and effectiveness of the PEC and APE.

**4:00 PM – 5:00 PM****GME & The Law: When to get a Lawyer Involved***Carrie Tibbles, MD; Jamie Padmore, MSc*

Human Resources Law applied to GME is a challenge as HR policies are often difficult to apply to trainees. This session evaluates common legal issues that arise during training, how/when to involve hospital legal counsel, and when is it necessary to seek an attorney with expertise in Education Law.

After this session participants should be able to:

1. Describe common cases/areas where legal counsel is recommended or required,
2. Understand the role of (and when to involve) an attorney in residency training issues such as remediation, probation, termination, accommodation of disabilities, disciplinary action, etc.,
3. Understand limitations of hospital general counsel and expertise of lawyers with in education- or GME-related law and how it is applied, and
4. Learn of case law related to residents and students in training for commonly encountered academic, clinical, or disciplinary issues that arise during residency.



**Day Two, Monday  
March 7, 2016**

**Best Practices**

**9:10 AM – 10:00 AM**

**Preventing Resident Remediation**

*David Hile, MD; Jason Bothwell, MD, FACEP*

This session will provide the groundwork for PDs and APDs to identify residents heading toward remediation. Opportunities for intervention are often present prior to active remediation which could avoid the need for formal remediation. The session will focus on all of the ACGME core competencies.

After this session participants should be able to:

1. Identify residents at risk for remediation through tools provided by the presenters,
2. Understand the role of intervention prior to actual remediation of the core competencies,
3. Understand the concept of and the method by which to develop focused learning plans for residents in pre-remediation, and
4. Understand the language and process by which to keep residents informed of what this stage of intervention means.

**10:00 AM – 10:50 AM**

**Remediation Best Practices**

*Jessica Smith, MD, FACEP; Tiffany Murano, MD*

During this session, the present and immediate past chair of the Remediation Task Force will describe best practices in remediation of residents not meeting milestones. The session will focus on remediation of the specific ACGME core competencies based on the experience of and data collected by the task force.

After this session participants should be able to:

1. Define the language of resident remediation in order to create standardization across residency programs,
2. Understand the usual triggers for entering into remediation,
3. Identify the documentation required for remediation and consequences for trainees in remediation, and
4. Identify common remediation issues related to the core competencies and solutions for a successful remediation plan.

**11:00 AM – 12:00 PM**

**560: Residents, Adults and Adult Learners: Not Necessarily One and the Same**

*Lynn Roppolo, MD; Kerry McCabe, MD, BMC; Casey Macvane, MD; Jeremy Branzetti, MD*

Although residents are adults and intrinsically motivated and self-directed, they need instruction in how to become an effective adult learner. Through the 560 format (5 talks in 60 minutes) this session will provide examples of successful initiatives in residency programs using adult learning principles.

1. Creation of an Online Helicopter EMS Curriculum  
*Jeff Hill, MD, MEd*
2. Organizing Learning Resources into an Accessible Location in Order Maximize Preparation for Conference  
*Chris Doty, MD*
3. Successfully Flipping the Classroom for your Conference  
*Andrew King, MD*
4. Incorporating a Physical Examination Skills Series into Conference  
*Jeff Siegelman, MD*
5. Shorter Lectures with Repetition to Improve your Conference Day  
*Jason Wagner, MD*

After this session participants should be able to:

- a. Understand the concepts of andragogy as they apply to adult learners,
- b. Critique their own residency program's successful, and unsuccessful, attempts at implementing andragogical concepts,
- c. Analyze the presentations for generalizable concepts to adopt for use in their own residency program, and
- d. Identify one current residency issue which they will address using one/more concepts of andragogy.

**1:30 PM – 2:00 PM**

**Meeting the Requirements: What to do when the ACGME tells you it's not all Good?**

*Jan Shoenberg, MD, FACEP; Mary Ann Edens, MD, FACEP*

After an introduction, the group will break up into small groups and will be given a citation or difficult scenario. The group will need to formulate a correction action plan to be presented to the larger group. A panel with a DIO, Chair and PD will help moderate the discussion that follows.

After this session participants should be able to:

1. Review the life cycle of a citation (area for improvement, citation, correction action plan, extension/resolution),
2. Review the categories of adverse accreditation and highlight the impact it can have on a program and the life cycle of the process of resolution (notification, site visits, internal reviews, extension or resolution),
3. Review general approaches and principles that can be applied to dealing with citations with a focus on difficult to fix citations where program directors feel that they cannot resolve the citation on their own,
4. Collaborate with other attendees by working through simulated citations with the goal of formulating a corrective action plan that would be used to solve the problem, and
5. Learn new approaches to addressing citations by hearing feedback from experts representing different viewpoints (DIO, Chair, PD).

**2:00 PM – 3:00 PM**

**Meeting the Requirements: Self Study Visit Panel**

*Louis Ling, MD, FACEP; Michael Jones, MD; Thomas Perrera, MD*

The presenters will take participants through the key elements of the self study process, identifying common areas of needed improvement and solutions, as well as share on the ground experience with one of the first EM self study visits. The self-study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement.

After this session participants should be able to:

1. Focus on aims and the program's environmental context to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance with the requirements,
2. Effectively identify areas for improvement within their residency and craft an appropriate statement on the self study summary to identify this,
3. Understand how to manage effectively the period from self study summary submission to site visit,
4. Recognize external threats to all EM residency programs in the framework of a self study, and
5. Have suggestions for internal as well as collaborative residency improvement projects.

**3:15 PM – 4:00 PM**

**Meeting the Requirements: Developing CQI/Pt Safety Requirement**

*Carlo Rosen, MD; Sarah Williams, MD*

This course will help program leadership build a quality and patient safety program for residents in order to meet the new ACGME QA/Patient Safety requirements for all residents. The ACGME common and institutional requirements call for residents to be actively involved in Departmental Quality and Patient Safety endeavors. How do you do this to meet the requirements? What should a QA/PS curriculum look like?

After this session participants should be able to:

1. Identify strategies for involving residents in Departmental QA and patient safety committees,
2. Discuss the components of a QA/PS curriculum,

*continued*

3. Discuss methods of teaching residents how to perform a root cause analysis, and
4. Discuss methods of working with malpractice insurance companies to develop a curriculum in QA/patient safety.

#### 4:00 PM – 4:45 PM

##### Where to Find Basic Requirements/Dealing with Common Emergencies

*Sandra Werner, MD, MA, FACEP; Laura Hopson, MD*

A nuts and bolts workshop highlighting the most important and frequently referenced areas of the ACGME/RRC resources including core faculty definitions/requirements, moonlighting guidelines, duty hours, conference requirements. The session will also address where to look for rules when a residency emergency occurs.

After this session participants should be able to:

1. Utilize references critical to addressing common residency program questions, and
2. Navigate residency emergencies and remain in compliance with RRC rules.

#### 4:00 PM – 4:45 PM

##### Remediation Workshop and Consults

*Jessica Smith, MD, FACEP; Dan Egan, MD; Tiffany Murano, MD; David Hile, MD* PANEL: *Joshua Gentges, MD; Linda Regan, MD*

Often times the theory of remediation is clear, but it is challenging to implement plans. In this breakout session with limited enrollment, subcommittee chairs of the remediation task force will be present to consult on specific remediation questions. Representatives for each of the core competencies will be on hand to help PDs and APDs develop remediation plans and tools for residents in need.

After this session participants should be able to:

1. Develop concrete remediation plans for residents in any of the core competencies,
2. Learn about and avail themselves of the resources of the remediation task force,
3. Gain an understanding of remediation best practices that have been successful in other programs, and
4. Understand the process of rolling out a successful remediation plan.

### Clerkship Directors in EM

#### 9:10 AM – 12:00 PM

##### CDEM End-of-Shift Assessment Consensus Conference, Day 2

*Katherine Hiller, MD, MPH; Douglas Franzen, MD, M.Ed, FACEP; Luan Lawson, MD, MAEd; Juliana Jung, MD; Paul Ko, MD; David Manthey, MD; Matthew Tews, DO; Joseph House, MD; Jonathan Fisher, MD; Marianne Haughey MD; Nicole Dubosh MD; David Wald DO; Arleigh Trainor MD*

We will discuss the current state of end of shift assessment of medical students and through a modified Angoff method develop one or two national tools for student assessment. We will use data collected during the prior day's work. All stakeholders in this process will be invited (CDs, PDs, APDs, residents, students, non-physician educators, non-EM physician educators etc)

After this session participants should be able to:

1. Understand how the major themes around end of shift student assessment impact the development of a national form,
2. Contribute to the development of one or more national assessment forms for medical student education, and
3. Participate in the post-implementation assessment of validity and reliability of a national form.

#### 1:30 PM – 2:00 PM

##### Interprofessional Education in the Emergency Medicine Clerkship

*Todd Guth, MD; Laura Thompson, MD; Lee Wilbur, MD; Dylan Cooper, MD* PANEL: *Michael Overbeck, MD; Kelley Roswell, MD; Jacqueline Ward-Gaines, MD*

LCME Standard ED19-A requires that an education program must prepare students to function collaboratively on a health team that includes health professionals from other disciplines in providing coordinated services to patients. The EM clerkship is an ideal venue to teach inter-professional skills.

Panelists will discuss both successful and less than successful ways to teach and assess inter-professional skills in an EM clerkship. The session will highlight direct observation forms, reflective narrative, 360 evaluations, and simulations as methods to assess inter-professional skills. Specific best practice strategies in IPE for EM Clerkships will be discussed.

After this session participants should be able to:

1. Define interprofessional education and its relevance to Emergency Medicine,
2. Discuss strategies for IPE in the EM clerkship,
3. Formulate a plan for their home institution to integrate IPE in the EM clerkship, and
4. List best practices in the field for IPE.

#### 2:00 PM – 3:00 PM

##### EHRs and Your Medical Students: Learning Opportunity or Litigation Risk?

*Kathleen Wittels, MD; Sundip Patel, MD*

This session will explore current student documentation practices of clerkships. Panel discussion to follow will include a physician involved in litigation over documentation completed by a student and an attorney to share legal insight & provide resources to help clerkships make informed decisions

After this session participants should be able to:

1. Describe the current practices of EM clerkships with allowing students to document in the electronic health record (EHR),
2. Understand the options available for student documentation in EHRs and explain the benefits and potential downsides of allowing medical students to document in EHRs, and
3. Understand potential litigation risks associated with student documentation and have resources to help clerkships make informed decisions regarding their practices.

#### 3:15 PM – 4:00 PM

##### Case Law in Medical Education

*Jennifer Jackson, MD*

Review relevant recent case law involving medical students and residents and how that impacts our practices as faculty and medical educators. Not to include clinical medical malpractice cases.

After this session participants should be able to:

1. Understand trends in litigation in higher education/medical education,
2. Review interesting and relevant lawsuits/settlements involving medical students and residents (or other health professional students), primarily targeting non-clinical cases (ex. students who sue their medical school/residency program), and
3. Best Practices for faculty members/educational leadership to minimize future legal liability and protect the rights of the student learner.

#### 4:00 PM – 4:45 PM

##### Education Journal Club

*Esther Chen, MD; David Duong, MD; David Gordon, MD*

This education journal club will focus on the UGME articles published in the last year, that we think are important to know.

After this session, participants will be able to:

1. Review and discuss the most current UGME articles pertinent to Emergency Medicine training, and
2. Discuss article insights based on solicited perspectives from the authors.

## Navigating the Academic Waters

**9:10 AM – 10:00 AM**

### Become a Role Model for Wellness

*Ryan Fringer, MD, FACEP, FAAEM; Eric Katz, MD; Wendy Wooley, MD*  
Wellness and the path to attaining wellness will look different for all. For some, wellness may look like balance. But for others, this construct does not work. The session leaders will discuss work-life balance and work-life integration. Once one discovers what model will work, then success is determined by implementing behaviors and strategies. We will draw upon the experience of the session leaders and audience members to develop a tool box of strategies that can be used on a daily basis. Finally, we will discuss how one advocates for oneself in an academic department to achieve wellness.

After this session participants should be able to:

1. Define and discuss work-life balance versus work-life integration,
2. Develop and implement strategies for pursuing and achieving wellness,
3. Learn how to advocate for your wellness, and
4. Model wellness for other faculty, residents and students.

**10:00 AM – 10:50 AM**

### Personal Finance Tips for Junior Faculty

*Matthew Pirotte, MD*

Physicians are famously ill-versed in basic financial planning. This session gives a brief overview of the top 10 things young faculty need to do to get started on the right foot. Topics include retirement, savings, debt management, and home-buying.

After this session participants should be able to:

1. Define basic terms such as 401k, 403b, tax brackets,
2. Understand the importance of retirement accounts in long term planning,
3. Have an idea of how much is enough for a cash reserve,
4. Understand arguments for and against home buying in early career,
5. Understand the basics of loan repayment,
6. Describe basic budgeting, and
7. Describe the advantages and disadvantages of using a financial planner.

**11:00 AM – 12:00 PM**

### Mama Said There'd be Days Like This: Dealing with Professional Setbacks and Fostering Resilience

*Joelle Borhart, MD; Autumn Graham, MD*

Offer insight and advice on receiving rejection in academic medicine and how best to overcome.

After this session participants should be able to:

1. Discuss the importance of resilience-building for faculty and residents, and
2. Review coping strategies to manage rejection and to bounce back quickly from professional setbacks.

**1:30 PM – 2:00 PM**

### Introduction to the SLOE, and How to Write a Great One!

*Cullen Hegarty, MD; Sarah Ronan-Bentle, MD*

This session is intended for junior faculty that are new to the letter writing process. We will introduce the CORD SLOE, show some demonstration good/not as good SLOEs, and allow the participants time to craft a few SLOEs and get feedback.

After this session participants should be able to:

1. Demonstrate best practices for filling out the SLOE,
2. Review example SLOEs (to see what to do/what not to do!), and
3. Craft a few SLOEs based on some mock students.

**2:00 PM – 3:00 PM**

### Trials and Tribulations: Junior Faculty Survival Stories

*Jan Shoenberger, MD, FACEP; Ted Stettner, MD; PANEL: Sneha Shah, MD; Amy Pound, MD; Jonathan Jones, MD*

A variety of junior faculty will share their stories of making the transition from being a resident to being an attending in a relaxed, open forum.

Junior faculty can ask this panel anything and everything to get advice on how to succeed in the transition based on the experiences of others.

After this session participants should be able to:

1. Understand the steps necessary, and the associated pitfalls, when transitioning from residency to junior faculty,
2. Feel more comfortable as you transition to junior faculty positions, and
3. Gain and understanding of common mistakes that junior faculty members make and how to avoid them.

**3:15 PM – 4:00 PM**

### Research 101 for the Novice: Keeping the Research and Scholarship Pipeline Flowing

*Laura Hopson, MD; Joe House, MD*

Education research and scholarship are essential for promotion of faculty dissemination of new educational practices. Often projects stall after data collection or abstract presentation. This workshop will help faculty push through their scholarship through the pipeline to publication.

The goal of this workshop is to promote scholarly productivity and will be offered by the CORD Academy. We will describe successful innovative approaches, as a template for others to follow and help problem solve barriers.

After this session participants should be able to:

1. Plan how to turn our usual educational work into scholarship (identify good questions),
2. Develop personal research pipeline to scholarship,
3. Understand how to form effective teams and educational communities to plan and complete research,
4. Discuss writing techniques,
5. Identify resource needs, and
6. Develop publication strategy (abstracts, meetings, journals) including approach to less strong studies and other forms of scholarship.

**4:00 PM – 4:45 PM**

### Getting Medical Education Work Published: Beyond Traditional Methods to Develop Your Portfolio

*Corey Heitz, MD; Kriti Bhatia, MD; Kevin Biese, MD*

This session will help participants create their educational portfolios. The goal is to provide knowledge about venues to publish that are not the traditionally known or tried. Participants will also learn about poster creation and presentation best practices.

After this session participants should be able to:

1. Provide participants knowledge about medical education focused journals that are not specialty-specific,
2. Provide participants knowledge about publication venues and modalities that are not research-specific,
3. Provide participants knowledge about components of optimal current-day teaching portfolios, and
4. Provide participants tips about optimal presentation poster creation.

## EMARC

**9:10 AM – 10:00 AM**

### EMARC 450: 4 Sessions in 50 Minutes

*Ambrosya Amlong; Jill Craig*

The EMARC and CORD communities offer a wealth of ideas, advances, and resources. This session will utilize Pecha Kucha-style talks to showcase multiple presenters in a short amount of time. Topics include Social Media, Presentation Methods, Evaluation Completion, 360 Evaluations, and Food Selection and Resident Attendance.

1. Social Media, *Michele Haynes; Kevin Scott, MD*
2. Alternative Presentation Methods, *Cindy Koonz, MS*
3. Evaluation, *Margaret Miller; Jana Ricker*
4. Food Selection and Resident Attendance, *Raven-Oliva Kellum*

*continued*

After this session participants should be able to:

- Identify and discuss best practices that address social media and marketing, presentation methods, evaluations and assessment, and maximizing resident attendance at events,
- Define social media and its potential uses in graduate medical education,
- Understand the benefits of various social media platforms related to your program needs,
- Identify the elements of effective and engaging presentation methods,
- Assess alternative presentation methods and their suitability for different topics and audiences,
- Identify and discuss best practices for evaluation completion,
- Understand the structure and function of 360 evaluations,
- Understand how food can be useful in increasing attendance,
- Identify best practices for catering residency meetings, conferences, and events, and
- Understand the art of concise presentations inspired by Pecha Kucha.

### 10:00 AM – 10:50 AM

#### Present Like a Pro

*Jason Wagner, MD, FACEP*

Presentations are an important aspect of professional development in graduate medical education and can be a useful tool for coordinators that wish to grow within their programs and the larger GME community. Whether you would like to feel more comfortable addressing a crowd, or you want to take your presentations from good to great, this session offers an overview of effective styles and resources for developing outstanding presentations.

After this session participants should be able to:

- Understand the principles of an effective presentation, and
- Identify opportunities to develop and hone presentation skills.

### 11:00 AM – 12:00 PM

#### Professional Development for Coordinators

*Cindy Koonz, MS; Saby Cordoba; Kandice McLeod*

Do you want to move the coordinator position from job to career? During this session you will learn how to take your role to the next level and broaden your involvement at both the departmental and institutional levels.

After this session participants should be able to:

- Discuss opportunities and strategies for advancement in current positions without leaving emergency medicine,
- Identify potential methods for coordinator involvement in the larger GME community, and
- Examine how changes or increases in responsibilities affect work/life balance and develop strategies to manage change.

### 1:30 PM – 2:00 PM

#### Meeting the Requirements: What to do when the ACGME tells you it's not all Good?

*Jan Shoenberg, MD, FACEP; Mary Ann Edens, MD, FACEP*

After an introduction, the group will break up into small groups and will be given a citation or difficult scenario. The group will need to formulate a correction action plan to be presented to the larger group. A panel with a DIO, Chair and PD will help moderate the discussion that follows.

After this session participants should be able to:

- Review the life cycle of a citation (area for improvement, citation, correction action plan, extension/resolution),
- Review the categories of adverse accreditation and highlight the impact it can have on a program and the life cycle of the process of resolution (notification, site visits, internal reviews, extension or resolution),

- Review general approaches and principles that can be applied to dealing with citations with a focus on difficult to fix citations where program directors feel that they cannot resolve the citation on their own,
- Collaborate with other attendees by working through simulated citations with the goal of formulating a corrective action plan that would be used to solve the problem, and
- Learn new approaches to addressing citations by hearing feedback from experts representing different viewpoints (DIO, Chair, PD).

### 2:00 PM – 3:00 PM

#### Meeting the Requirements: Self Study Visit Panel

*Louis Ling, MD, FACEP; Michael Jones, MD; Thomas Perrera, MD*

The presenters will take participants through the key elements of the self study process, identifying common areas of needed improvement and solutions, as well as share on the ground experience with one of the first EM self study visits. The self-study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement.

After this session participants should be able to:

- Focus on aims and the program's environmental context to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance with the requirements,
- Effectively identify areas for improvement within their residency and craft an appropriate statement on the self study summary to identify this,
- Understand how to manage effectively the period from self study summary submission to site visit,
- Recognize external threats to all EM residency programs in the framework of a self study, and
- Have suggestions for internal as well as collaborative residency improvement projects.

### 3:15 PM – 4:00 PM

#### Meeting the Requirements: Developing CQI/Pt Safety Requirement

*Carlo Rosen, MD; Sarah Williams, MD*

This course will help program leadership build a quality and patient safety program for residents in order to meet the new ACGME QA/Patient Safety requirements for all residents. The ACGME common and institutional requirements call for residents to be actively involved in Departmental Quality and Patient Safety endeavors. How do you do this to meet the requirements? What should a QA/PS curriculum look like?

After this session participants should be able to:

- Identify strategies for involving residents in Departmental QA and patient safety committees,
- Discuss the components of a QA/PS curriculum,
- Discuss methods of teaching residents how to perform a root cause analysis, and
- Discuss methods of working with malpractice insurance companies to develop a curriculum in QA/patient safety.

### 4:00 PM – 4:45 PM

#### Meeting the Requirements: Where to Find Basic Requirements/ Dealing with Common Emergencies

*Sandra Werner, MD, MA, FACEP; Laura Hopson, MD*

A nuts and bolts workshop highlighting the most important and frequently referenced areas of the ACGME/RRC resources including core faculty definitions/requirements, moonlighting guidelines, duty hours, conference requirements. The session will also address where to look for rules when a residency emergency occurs.

After this session participants should be able to:

- Utilize references critical to addressing common residency program questions, and
- Navigate residency emergencies and remain in compliance with RRC rules.

## Resident

**9:10 AM – 9:30 AM**

### **Be the Change – Leading into the Future and Involvement within National Organizations**

*Saadia Akhtar, MD*

This workshop discusses how to inspire change and ways to get involved within national organizations.

After this session participants should be able to:

1. Identify barriers to change;
2. Describe successful methods to overcome resistance to change, and
3. Describe specific successful methods to enhance resident involvement.

**9:30 AM – 10:00 AM**

### **Interview Skill and Contract Negotiation**

*Michael Gisondi, MD*

This session will give residents an overview (20 minutes) as to some helpful techniques used in the post-residency job search.

After this session participants should be able to:

1. Identify several helpful techniques used when interviewing for post-residency jobs,
2. Develop an understanding for the importance of contract negotiation, and
3. Discover some of the pitfalls associated with contract negotiation and job offers.

**10:00 AM – 10:50 AM**

### **What are Chairs Looking for in New Academic Hires?**

*Richard Wolfe, MD*

Dr. Wolfe will provide information from a Departmental Chair's perspective to assist in the post-residency job search.

After this session participants should be able to:

1. Discuss the factors a chair takes into consideration when hiring a recent residency graduate, and
2. Determine what can be done during residency to improve your desirability.

**11:00 AM – 12:00 PM**

### **Mama Said There'd be Days Like This: Dealing with Professional Setbacks and Fostering Resilience**

*Joelle Borhart, MD; Autumn Graham, MD*

The presenters will offer insight and advice on receiving rejection in academic medicine and how best to overcome.

After this session participants should be able to:

1. Discuss the importance of resilience-building for faculty and residents, and
2. Review coping strategies to manage rejection and to bounce back quickly from professional setbacks.

**1:30 PM – 2:00 PM**

### **How to Create a Standout CV**

*Mike Epter, DO, FAAEM; Mary Calderone Haas, MD*

This course provides an overview regarding tips and tricks for CV writing.

After this session participants should be able to:

1. Demonstrate proper CV writing technique, and
2. Illustrate some of the pitfalls to avoid when writing a CV.

**2:00 PM – 3:00 PM**

### **What Do I Want to do When I Grow Up?: Exploring Academic Career Paths**

*Dan Egan, MD; Eric Katz, MD; PANEL: Dan Runde, MD; Susan Promes, MD; Megan Fix, MD*

A moderated small group session with a number of different faculty of varying academic titles (e.g. Clerkship Directors, APDs/PDs, Chairs, DIOs or UME/GME Deans positions).

After this session participants should be able to:

1. Understand some of the challenges and opportunities inherent to various career paths in academic EM, and

2. Discover the important steps to take early in your career to achieve success in these positions.

**3:15 PM – 4:00 PM**

### **The Academic Portfolio and its Importance in the Promotion & Tenure Process**

*Mary Jo Wagner, MD, FACEP; Aleksandr Tichter, MD, MS*

Provide an overview to what the academic portfolio is, how to create one, and its role in the promotion and tenure process.

After this session participants should be able to:

1. Describe the purpose of the academic portfolio, and
2. Demonstrate the importance of the academic portfolio in the promotion and tenure process.

**4:00 PM – 4:45 PM**

### **CV & Portfolio Workshop**

*Mike Epter, DO, FAAEM; Mary Calderone Haas, MD*

One-on-One advising regarding individual CV / Academic Portfolios.

After this session participants should be able to:

1. Demonstrate improved understanding of the strengths and weakness of their CVs/Academic Portfolios.

## iMedEd

**9:25 AM – 9:45 AM**

### **Why Innovation in Education Matters**

*Anand Swaminathan, MD, MPH*

21st century learners demand 21st century education. Over the last decade, the focus of medical education has shifted from an teacher-centric viewpoint to one that focuses on the learner. This shift is not about innovative technology but rather about how we should use these advances. Educators must be facile not only with technological advances but with how learners use these advances in their education. Adoption, integration and active participation with these innovations allows educators to engage and guide the learner in their journey.

After this session participants should be able to:

1. Define educational innovations and name examples,
2. Describe how educational innovations play a role in modern medical education, and
3. Understand how integration and adoption of educational innovations advance medical education.

**9:45 AM – 10:00 AM**

### **So You Want to Write — Getting Started in Blog Writing**

*Nikita Joshi, MD; Rob Bryant, MD; Teresa Chan, MD; Brent Thoma, MD*

Session with faculty who are skilled in writing blog posts in various #FOAMED blogs including ALiEM and Boring EM. The participants will undergo a talk describing various aspects of successful blog post writing, but not necessarily focused upon the creation of a blog and blog website maintenance.

After this session participants should be able to:

1. Demonstrate understanding of blog style writing and how it is different than traditional academic writing,
2. Make use of SEO to maximize blog post reach,
3. Discuss the role of peer review and expert peer review for blog posts, and
4. Identify unique educational content that is amenable to blog posts such as journal clubs, clinical review articles, expert reviews.

**10:00 AM – 10:50 AM**

### **So You Want to Create a Podcast – Getting Started in Recording**

*Salim Rezaie, MD; Anand Swaminathan, MD; Rob Rogers, MD; Steve Carroll, DO*

Traditional education involves a teacher speaking at many learners at a set time. One of the goals of this workshop will be to show the problems and difficulties of traditional lecture, and how podcasts can overcome these issues.

The second portion of this workshop will be focused on the tangible necessities of making a podcast including: type of microphone, software, editing, and cost.

*continued*

After this session participants should be able to:

1. Understand what a podcasting is,
2. Convey the reasons of how podcasting can overcome the issues of traditional teaching models,
3. Discuss potential podcast formats and how your idea could fill a void in education,
4. Explain the hardware and software necessities to make a podcast, and
5. Implement strategies to obtain impactful content.

**11:00 AM – 11:30 AM**

**Innovative Professional Development**

*Teresa Chan, MD; Felix Ankel, MD; Robert Cooney, MD, MEd*

It is an exciting time for professional development. Digital natives are arriving into our residencies and medical schools requiring a revamping of traditional faculty and professional development. An increasing number of learners access curated online content for knowledge acquisition. They now expect their teachers to harness the powers of these tools at the same time. Additionally, digital technologies are facilitating the development of communities of practice. This allows for the potential to create powerful faculty development tools through online environments that foster connectivity between educators who live all across the world, beyond the limits of both time and geography.

After this session participants should be able to:

1. Describe the polarity between technology supporting vs. technology driving digital professional development,
2. Describe the three frameworks of digital professional development (curation, communities of practice, creation of value),
3. Describe a roadmap to create a digital professional development plan, and
4. Identify three new professional or faculty development techniques to employ with fellow teachers (locally, regionally, nationally, or internationally).

**11:30 AM – 12:00 PM**

**Catching the Learners: Breaking into FOAM**

*Rob Bryant, MD; Michael Bond, MD; Robert Cooney, MD*

*PANEL: Rahul Patwari, MD*

Teach attendees a way to harness FOAMed content, filter the wealth of information available online, and access it on shift to teach residents.

By the end of this session participants will be able to:

1. Briefly describe some of the well known / most popular FOAM resources,
2. Have a way of managing / filtering the wealth of FOAMed resources available, and
3. Learn a way to find a specific piece of FOAM for use in clinical practice on shift.

**1:30 PM – 2:00 PM**

**So you Want to Make Videos**

*Rob Rogers, MD; Rob Cooney, MD, MSMedEd, RDMS, FACEP,*

*FAAEM; Rahul Patwari, MD*

This session will explore the fundamentals of creating didactic videos for learners, from structuring content appropriately to video shooting, editing and hosting.

After this session participants should be able to:

1. Structure your didactic material for video presentation,
2. Record, edit and host a self-made video with commonly available resources, and
3. Understand the legal issues involved with making videos involving patients.

**2:00 PM – 3:00 PM**

**Advanced Podcasting**

*Rob Rogers, MD; Salim Rezaie, MD; Steve Carroll, DO*

This session on advanced podcasting will discuss some of the more detailed elements of educating others with the use of

podcasts. The speakers will discuss how to utilize multiple recording strategies, insert music and sound clips, record with background music, utilize branding strategies to promote your podcast, edit, level sound, and post your podcast to iTunes.

After this session participants should be able to:

1. Utilize multiple recording strategies to keep your listeners interested and always wanting more,
2. Insert music and sound clips into your podcast to take your audio to the next level,
3. Record a podcast with background music,
4. Utilize branding strategies to get your podcast out to the world, and
5. Edit, level sound, and post your podcast to iTunes and other RSS feeds.

**3:15 PM – 6:00 PM**

**iMedEd Advanced Session Hack-a-thon**

*Robert Cooney, MD, MSMedEd, RDMS, FACEP, FAAEM;*

*Teresa Chan, HBS, BEd, MD, FRCPC, MHPE(cand)*

This session will focus on applying the principles of design thinking to the creation of a medical education innovation. The session will utilize a mix of traditional teaching and coached group activities as participants move from theory to concept to final product.

After this session participants should be able to:

1. List guiding principles of design thinking, and
2. Create a solution to a challenging educational problem.

**Day Three, Monday  
March 7, 2016**

**Specialty**

**7:00 AM – 8:00 AM**

**Getting Involved with CORD**

*Mike Epter, DO, FAAEM*

**Best Practices**

**8:00 AM – 9:00 AM**

**CORD 560: Making the Mundane Conference Amazing!**

*Lynn Roppolo, MD; Kerry McCabe, MD, BMC; Casey Macvane, MD;*

*Jeremy Branzetti, MD*

The Pecha Kucha style of lecturing provides a novel and stimulating way to present content in a way that facilitates retention of key points and decreases demand on individual lecturers. This style of lecturing has the potential to keep a learner's attention and drive home key points in a way that traditional lectures, which are longer and more comprehensive, may not.

1. Using Conference Time to Help Teach and Assess patient Safety and Quality, *Mira Mamtani, MD*
2. The Do's and Don'ts of Asynchronous Activities! Incorporating Individualized Interactive Instruction Into Your Curriculum *Jay Khadpe, MD; Esther Chen, MD*
3. M and M Conference as a QA/Patient Safety Educational Tool-Avoiding the Fear Factor, *Carlo Rosen, MD*
4. How to Teach the Boring Stuff!, *Patrick Lank, MD*
5. 400 to 500 Seconds from Wylin: How to Pecha Kucha Your Conference Content, *Daniel Runde, MD*

After this session participants should be able to:

- a. Discuss best practices on conference time planning and implementation,
- b. Understand uses of asynchronous learning in conference planning,
- c. Improve use of conference for other requirements including Quality Assurance,
- d. Integrate novel methods to teach difficult content areas, and
- e. Develop shorter and more efficient educational content.

**9:00 AM – 9:45 AM**

### **To Thine Own Self be True: Writing Successful Self-Study Aims**

*Michael Gisondi, MD; Jeremy Branzetti, MD*

The ACGME Self-Study mandates a process for developing and evaluating program aims. Aims are key program expectations and characteristics that differentiate it from other similar training programs. This session will focus on writing program aims that are descriptive, authentic, and strategically linked to measurable program outcomes.

After this session participants should be able to:

1. Describe an iterative process for writing program aims,
2. Identify key program outcomes that meaningfully reflect stated aims,
3. Choose an appropriate method of program evaluation for chosen aims, and
4. Link aims with program vision, mission, and brand identity.

**10:00 AM – 11:00 AM**

### **Educational Soundbites**

*Jonathan Jones, MD, FAAEM, FACEP; Bo Burns, DO, FACEP, FAAEM*

New educational innovations are developed every year by creative faculty who design fresh ways to improve their didactics, bedside teaching, and procedural skill training. In this session selected presenters will discuss their novel approaches and educational solutions.

After this session participants should be able to:

1. Discuss the latest educational innovations in emergency medicine programs and how to incorporate these into one's own program,
2. List several creative examples of procedural, bedside, technological or case-based education, and
3. Discuss how to design new initiatives to teach and evaluate EM competencies.

**11:00 AM – 11:45 AM**

### **SLOE 202: Equitable, Transparent and Consistent Collaboration**

*Damon Kuehl, MD; Katherine Hille, MD, MPH; Matthew Ryan, MD; Christine Babcock, MD*

The stakes for writing and reading SLOEs are high for medical students, clerkship directors and program directors. Honestly representing the bottom 1/3 while respecting the intrinsic diversity of our applicants is paramount. This combined session will bring both program directors and clerkship directors together to discuss best practices in writing SLOEs and using SLOEs to grant interviews in an equitable and balanced manner.

After this session participants should be able to:

1. Describe strategies for writing and reading SLOEs in a consistent, transparent and equitable manner,
2. Identify the key barriers CDs face in writing consistent, transparent and equitable SLOEs,
3. Identify the key barriers PDs face in reading SLOEs, and
4. Identify and address barriers to placing someone in the bottom 1/3 and interviewing applicants in the bottom 1/3.

## **Clerkship Directors in EM**

**8:00 AM – 9:00 AM**

### **The CORD Academy – Making it Work for You!**

*Stephen Wolf, MD, FACEP; Joseph LaMantia, MD; Michelle Dorfsman, MD; Lalena Yarris, MD*

An overview of The Academy's history, mission, vision, and structure, specifically how the Academy compares and contrasts with SAEM academies, SAEM and CORD Committees, task forces, etc., and how the Academy can uniquely benefit UME educators.

After this session participants should be able to:

1. Better understand what the Academy of Educators is and how it compares and contrasts with other academies, SAEM and CORD committees, and
2. Better understand how the Academy can uniquely benefit UME educators.

**9:00 AM – 9:45 AM**

### **Blood, Sweat and Tears: Clerkship Director Survival Stories**

*Samuel Ayala, MD*

This session is a panel discussion covering difficult situations to negotiate as the Clerkship Director.

After this session participants should be able to:

1. Demonstrate different types of administrative and student issues that can adversely affect a clerkship experience, and
2. Propose practical solutions to problems commonly and uncommonly encountered by the EM Clerkship Directors through discussion and collaboration.

**10:00 AM – 11:00 AM**

### **Advising Students in Special Circumstances**

*Samuel Ayala, MD; Jeffry Druck, MD; Kevin King, MD; David Gordon, MD*  
*PANEL: Amita Sudhir, MD; Jennifer Avegno, MD*

This is a session on advising students in non-traditional circumstances (i.e., the military, DO/FMG graduates, unmatched students).

After this session participants should be able to:

1. Demonstrate effective advising strategies for non-traditional Match applicants, including DO students, FMG students, military match students, and unmatched students,
2. Better understand the military match, including service-specific issues,
3. Better understand the needs of DO and IMG students with regards to advising for the Match,
4. Discuss when to advise a student to consider non-EM career alternatives, including setting expectations, identifying deficiencies, and making appropriate recommendations, and
5. Discuss how to deal with the unmatched or non-EM matched student.

**11:00 AM – 11:45 AM**

### **SLOE 202: Equitable, Transparent and Consistent Collaboration**

*Damon Kuehl, MD; Katherine Hille, MD, MPH; Matthew Ryan, MD; Christine Babcock, MD*

The stakes for writing and reading SLOEs are high for medical students, clerkship directors and program directors. Honestly representing the bottom 1/3 while respecting the intrinsic diversity of our applicants is paramount. This combined session will bring both program directors and clerkship directors together to discuss best practices in writing SLOEs and using SLOEs to grant interviews in an equitable and balanced manner.

After this session participants should be able to:

1. Describe strategies for writing and reading SLOEs in a consistent, transparent and equitable manner,
2. Identify the key barriers CDs face in writing consistent, transparent and equitable SLOEs,
3. Identify the key barriers PDs face in reading SLOEs, and
4. Identify and address barriers to placing someone in the bottom 1/3 and interviewing applicants in the bottom 1/3.

**1:00 PM – 2:00 PM**

### **Curricular Innovations**

*George Willis, MD, FACEP, FAAEM; Corey Heitz, MD*

Are you looking for exciting and innovative ideas for undergraduate medical teaching or ways to improve your clerkship? Do you find yourself implementing the same stagnant curriculum year after year and are looking for ways to change it for the better? Are you interested in seeing what other innovative methods are being implemented at other schools around the country? Finding ways to improve medical student education is difficult, as the technology changes and medical students advance. Come to the Curricular Innovations in Undergraduate Medical Education to see the best examples from around the country, and get ideas that you can take back to your institution and inspire your students!

After this session, participants will be able to:

1. Identify innovative educational practices for use in their clerkship,
2. Use ideas gained to improve education of their undergraduate students, and
3. Foster a culture of innovation within their own department and clerkship.

*continued*

**2:00 PM – 3:00 PM**

### **Making the M4 Year Matter**

*Rahul Patwari, MD*

Most EM clerkships fall into the M4 year, usually as one of only a handful of requirements. This session will review the literature on the function of the M4, describe the limitations of the fourth year, and help create a plan to make the M4 worthwhile to the student.

After this session participants should be able to:

1. Better understand the literature on the function of the M4 year,
2. Describe the limitations of the fourth year, and
3. Create a plan on how to make the M4 year worthwhile to the student.

**3:15 PM – 4:00 PM**

### **Current Topics in CDEM**

*Katherine Hiller, MD, MPH; Paul Ko, MD*

This will be a to be determined discussion of issues that have arisen during the 2015-6 academic year as they pertain to administration of a clerkship or teaching medical students.

After this session participants should be able to:

1. Participate in a collaborative discussion of current events or topics of interest during the 2015-6 academic year.

## **Navigating the Academic Waters**

**8:00 AM – 9:00 AM**

### **Climb the Ladder and Get Promoted!**

*Jacob Ufberg, MD; Manish Garg, MD, FAAEM;*

*Jonathan Davis, MD*

Being involved in residency education is more than a full-time job, but it won't necessarily get you promoted within your institution without demonstration of scholarly productivity. This presentation will address academic and career development for educators of all levels through a variety of scholarly activities, including presentations, publications, and involvement in your institution.

After this session participants should be able to:

1. Identify avenues for academic promotion and career advancement through presentations, publications, and departmental and institutional service,
2. Define strategies to ensure that you become and remain indispensable to your system,
3. Identify pathways to success in academics through scholarly productivity,
4. List common pitfalls and effective workarounds for the inevitable obstacles in academics, and
5. Learn how to get the most from your academic investment by parlaying your efforts.

**9:00 AM – 9:45 AM**

### **Conflict Management – How to Navigate Difficult Situations**

*Danielle Hart, MD, MACM; Leslie Oyama, MD, FACEP*

This session offers an assessment, framework and practice session to help prepare for (and survive) difficult conversations. Pearls on keeping the discussion on track, identifying pitfalls and arriving at an action plan that works to minimize (or obviate) damage to the relationship while be discussed. Participants will first take a conflict mode assessment (Thomas Kilmann Instrument (TKI)) to understand their intrinsic conflict management preferences. Next, the framework for 5 conflict management modes will be discussed including the importance of developing skills in each area and the appropriate utilization of each framework. The session will conclude with challenging practice vignettes utilizing the aforementioned conflict management tools.

By the end of this session the learners will be able to:

1. Understand ones' own intrinsic conflict management preferences through taking the TKI conflict management inventory,
2. Discuss the main 5 conflict management modes (competing, collaborating, compromising, accommodating, avoiding),
3. Apply the appropriate conflict management method to various circumstances, in both clinical and other academic situations, and
4. Develop a plan to further develop their skills and comfort in their non-preference modes, to optimize outcomes of future conflict based situations.

**10:00 AM – 11:00 AM**

### **Channel Your Inner EQ: Emotional Intelligence for Today's Educator & Leader**

*Jonathan Davis, MD, FACEP, FAAEM*

To be an educator is to be a leader. Have you ever worked with a leader who just doesn't seem to get it? This presentation will provide tangible skills and practical tools to assist in learning how you can sharpen your inner EQ to become a more highly effective educator and leader in your program.

After this session participants should be able to:

1. Define emotional intelligence, and identify why high EQ is a vital characteristic of today's educators and leader,
2. Identify practical strategies to refine and sharpen one's EQ, and
3. Describe the potential detrimental impact of leading with EQ.

**11:00 AM – 11:45 AM**

### **I'm Over It! Dealing with the Millennial Learner**

*Tina Choudhri, MD; Colleen Roche, MD*

The 'Millennial' is a new breed of learner pervading our Emergency Departments causing frustration amongst educational leadership and forcing a change in traditional advising and teaching. This session will focus on identifying these different learners and how to best guide them towards success.

After this session participants should be able to:

1. Describe the traditional methods of teaching/advising and how that educational framework is changing,
2. Identify different types and personalities of learners present in the Emergency Department,
3. Compare differences in the variety of learners and how to best tailor educational programs to appeal to the masses,
4. List key techniques to effectively teach the 'Millennial Learner' and guide them towards success, and
5. Incorporate strategies to bridge the generational gap between faculty and residents/students.

**1:00 PM – 2:00 PM**

### **Junior Career Development: Mentoring – Why it Matters and How to do it Well**

*Christina Bourne, MD; Felix Ankel, MD*

Provide examples of formal mentoring programs and demonstrate the importance of mentoring in academic medicine.

After this session participants should be able to:

1. Differentiate between the good, the great, and the excellent mentor,
2. Define the role of the mentee, and
3. Identify potential pitfalls and how to avoid them.

**2:00 PM – 3:00 PM**

### **Junior Career Development: Developing a Niche – Becoming a Content Expert**

*Edward Ullman, MD; Sarah Williams, MD*

Learn why it is important to develop a niche early on for academic career success.

After this session participants should be able to:

1. Discuss the important steps to take in working towards becoming a content expert, and
2. Discover some existing content areas that are ripe for future niche development.



**3:15 PM – 4:00 PM**

### **Junior Career Development: Just Say No**

*Sandra Werner, MD, MA, FACEP*

Learn when it is okay to say no in academic medicine and how this can help advance your career.

After this session participants should be able to:

1. Determine the value of continuing/accepting tasks, projects, and opportunities in terms of career goals,
2. Employ strategies to determine what to reject and what to accept, and
3. Effectively delegate and pass along opportunities to others.

## **EMARC**

**8:00 AM – 9:00 AM**

### **Post-Residency Assessment of Training (PRAT) for Coordinators**

*Marc Dorfman, MD, FACEP*

The Post Residency Assessment of Training survey (PRAT), also known as Efficacy in Training, has been an ongoing project through CORD. This survey provides programs with valuable data and feedback from the employer and the graduate perspective. As the survey has evolved and developed over the years it has become clear that residency coordinators play a key role in its continued success. Current PRAT director Dr. Mark Dorfman will give a detailed overview of the survey and will discuss the important role coordinators play.

After this session participants should be able to:

1. Identify the structure and function of the PRAT survey, and
2. Understand the role of the coordinator in preparing, collecting, and utilizing PRAT data and results.

**9:00 AM – 9:45 AM**

### **Conflict Management – How to Navigate Difficult Situations**

*Danielle Hart, MD, MACM; Leslie Oyama, MD, FACEP*

This session offers an assessment, framework and practice session to help prepare for (and survive) difficult conversations. Pearls on keeping the discussion on track, identifying pitfalls and arriving at an action plan that works to minimize (or obviate) damage to the relationship while be discussed. Participants will first take a conflict mode assessment (Thomas Kilmann Instrument (TKI)) to understand their intrinsic conflict management preferences. Next, the framework for 5 conflict management modes will be discussed including the importance of developing skills in each area and the appropriate utilization of each framework. The session will conclude with challenging practice vignettes utilizing the aforementioned conflict management tools.

By the end of this session the learners will be able to:

1. Understand ones' own intrinsic conflict management preferences through taking the TKI conflict management inventory,
2. Discuss the main 5 conflict management modes (competing, collaborating, compromising, accommodating, avoiding),
3. Apply the appropriate conflict management method to various circumstances, in both clinical and other academic situations, and
4. Develop a plan to further develop their skills and comfort in their non-preference modes, to optimize outcomes of future conflict based situations.

**10:00 AM – 11:00 AM**

### **Performance Improvement – It's Not Just for Residents Anymore**

*Beth Bailey; Adrienne Valtierra*

The coordinator has an opportunity to make a big impact on their program. While the role of the coordinator has changed over the past several years, many coordinators have not been taught to think differently and adapt their approaches to fit new structures, methods, and systems. During this session speakers will share how they played a substantive role in improving their program by strengthening relationships and opening communications and will encourage session attendees find ways to take action and create change.

After this session participants should be able to:

1. Strengthen programs across specialties and within the institution by building alliances and networks and by establishing clear communication channels,

2. Identify perceived barriers to creating change and understand strategies for circumventing perceived barriers, and
3. Tie performance improvement goals to GME requirements and initiatives.

**11:00 AM – 11:45 AM**

### **I'm Over It! Dealing with the Millennial Learner**

*Tina Choudhri, MD; Colleen Roche, MD*

The 'Millennial' is a new breed of learner pervading our Emergency Departments causing frustration amongst educational leadership and forcing a change in traditional advising and teaching. This session will focus on identifying these different learners and how to best guide them towards success.

After this session participants should be able to:

1. Describe the traditional methods of teaching/advising and how that educational framework is changing,
2. Identify different types and personalities of learners present in the Emergency Department,
3. Compare differences in the variety of learners and how to best tailor educational programs to appeal to the masses, and
4. List key techniques to effectively teach the 'Millennial Learner' and guide them towards success;
5. Incorporate strategies to bridge the generational gap between faculty and residents/students.

## **Resident**

**8:00 AM – 8:15 AM**

### **Clinical Teaching Methods**

*Colleen Roche, MD; Panel: Kristen Peace, MD*

Residents often occupy the unique role of being both learners and teachers, frequently finding themselves in the role of teaching both junior residents and medical students. Furthermore, the emergency department is a unique and fast-paced environment with a variety of learning opportunities. This didactic session will focus on reviewing key teaching methods and how residents can most effectively utilize them during busy clinical shifts.

At the end of this session, attendees will be able to:

1. Recall the different types of instructional methods, including: didactic, socratic, demonstrative,
2. Illustrate examples of effective teaching techniques that are particularly well suited for teaching students and junior residents in the emergency department, and
3. Apply these various instructional methods to different learner scenarios, including the struggling learner, the difficult learner, and the junior resident.

**8:15 AM – 8:30 AM**

### **Giving Effective Feedback**

*Jonathan Jones, MD, FAAEM, FACEP; Melissa White, MD, MPH*

In this didactic session, attendees will review the basics of feedback and discuss the unique intricacies of providing feedback in the emergency department session. The didactic will focus on reviewing methods for giving feedback effectively so that residents will ultimately be able to apply these principals while working with other junior residents and medical students.

At the end of this session, attendees will be able to:

1. Define feedback,
2. Explain the importance of feedback,
3. Discuss and identify barriers to providing effective feedback to learners in the emergency department, and
4. Review and apply techniques for providing effective feedback to medical students and junior residents in the emergency department.

*continued*

**8:30 AM – 9:00 AM****Leaving the Nest: Preparing Residents for Life after Graduation***Katja Goldflam, MD*

This didactic session will review the implications of the transition from resident to attending physician and strategies for how to best adjust.

After this session participants should be able to:

1. Discuss the various aspects to the transition from resident to attending and apply strategies for optimizing oneself for the transition as graduation approaches,
2. Apply strategies for creating a life after residency alliance of mentors and colleagues, and
3. Illustrate examples of how attending physicians maintain their medical knowledge base following residency.

**9:00 AM – 9:45 AM****Fellowships & Advanced Degree Options***Lainie Yarris, MD, MCR; PANEL: Sarah Williams, MD; Daniel Runde, MD*

In this panel session, attendees will have the opportunity to hear from individuals representing a variety of different fellowship paths and advanced degrees within the broader field of emergency medicine. Each panel representative will provide a brief narrative as to how they came to pursue their given fellowship or advanced degree training and will field questions from the audience.

At the end of this session, attendees will be able to:

1. Recall the different subspecialties within emergency medicine for which formal fellowships exist,
2. Recall the various advanced degree opportunities that can enhance the career of an emergency physician,
3. Explain the potential advantages of additional post-residency fellowship training and/or pursuit of advanced degree, and
4. Discuss what elements should be considered when deciding whether or not to pursue fellowship training and/or advanced degrees following completion of residency.

**10:00 AM – 11:00 AM****Entrepreneurial Career Paths within Academic Emergency Medicine***Kaushal Shah, MD; PANEL: Tim Peck, MD; Rob Rogers, MD; Salim Reazie, MD*

In this panel session, attendees will hear from emergency physicians who have combined careers in academics with additional entrepreneurial pursuits through which they have created a unique niche and brand for themselves. Each panel representative will share a brief narrative of how he or she came to find their entrepreneurial area of interest and how it has enhanced his or her overall career. Panel representatives will also field questions from audience members.

After this session participants should be able to:

1. Recall unique areas within academic emergency medicine that can be pursued with an entrepreneurial focus,
2. Discuss strategies for pursuing entrepreneurial areas of interest while balancing other responsibilities of practicing emergency medicine within an academic setting, and
3. Understand the importance of networking and seeking out mentors to assist with successfully pursuing an entrepreneurial focus within academic emergency medicine.

**11:00 AM – 11:45 AM****Tips to Create your Personal Learning Network***Felix Ankel, MD; Anand Swaminathan, MD; PANEL: Mary Calderone Hass, MD*

A personal learning network is an informal learning network that consists of the people a learner interacts with and

derives knowledge from in a personal learning environment. In a PLN, a person makes a connection with another person with the specific intent that some type of learning will occur because of that connection. During this panel session, attendees will learn the importance of creating one's own PLN and strategies on how to build one that best fits their needs.

After this session participants should be able to:

1. Define a personal learning network,
2. Discuss the importance of creating a personal learning network and illustrate examples of how it can benefit one's academic career, and
3. Apply strategies for effectively building a personal learning network.

**1:00 PM – 2:00 PM****Junior Career Development: Mentoring – Why it Matters and How to do it Well***Christina Bourne, MD; Felix Ankel, MD*

Provide examples of formal mentoring programs and demonstrate the importance of mentoring in academic medicine.

After this session participants should be able to:

1. Differentiate between the good, the great, and the excellent mentor,
2. Define the role of the mentee, and
3. Identify potential pitfalls and how to avoid them.

**2:00 PM – 3:00 PM****Junior Career Development: Developing a Niche – Becoming a Content Expert***Edward Ullman, MD; Sarah Williams, MD*

Learn why it is important to develop a niche early on for academic career success.

After this session participants should be able to:

1. Discuss the important steps to take in working towards becoming a content expert, and
2. Discover some existing content areas that are ripe for future niche development.

**3:15 PM – 4:00 PM****Junior Career Development: Just Say No***Sandra Werner, MD, MA, FACEP*

Learn when it is okay to say no in academic medicine and how this can help advance your career.

After this session participants should be able to:

1. Determine the value of continuing/accepting tasks, projects, and opportunities in terms of career goals,
2. Employ strategies to determine what to reject and what to accept, and
3. Effectively delegate and pass along opportunities to others.

**AOA to ACGME Workshop****10:00 AM – 10:30 AM****AOA to ACGME SESSION – The Application Process and Completing the PIF***Michelino Mancini, DO; Keel Coleman, DO, FACEP; Joseph Dougherty, DO*

Are you an osteopathic residency director facing the prospect of attaining ACGME accreditation? Are you wondering what a PIF is and how to complete one? Then this session is for you! This session will outline the actual application process and review how to complete the PIF.

After this session participants should be able to:

1. Understand how to navigate the ACGME application process, and
2. Correctly complete the PIF for ACGME accreditation.

**10:30 AM – 11:00 AM**

**AOA to ACGME: What are the Rules? Requirements, Time Line, Process**

*Christine Sullivan, MD; Doug McGee, DO*

Are you an osteopathic residency director facing the prospect of attaining ACGME accreditation? Then this session is for you! The session will outline and clarify the application requirements, time line, and process of achieving ACGME accreditation.

After this session participants should be able to:

1. Understand the requirements for osteopathic programs seeking ACGME accreditation, and
2. Be better prepared to navigate the ACGME application process.

**11:00 AM – 11:45 AM**

**AOA to ACGME SESSION – Q&A Session**

*Deborah Pierce, DO, MS; PANEL: Christine Sullivan, MD; Alan Janssen, DO; Felicia Davis, MHA*

Are you an osteopathic residency director facing the prospect of attaining ACGME accreditation? Would you like to receive answers to your questions directly from ACGME Residency Review Committee members? Then this session is for you! This will be a Question and Answer session with RRC members to answer your questions about your application for ACGME accreditation. Bring your questions!!!

After this session participants should be able to:

1. Receive answers to their questions regarding osteopathic programs achieving ACGME accreditation.

**iMedEd**

**8:15 AM – 9:00 AM**

**FOAMed Quality Appraisal: How to Guide for Learners, Teachers, and Producers**

*Brent Thoma, MD, MA, FRCPC; Teresa Chan, HBSc, BEd, MD, FRCPC, MHPE(cand); Nikita Joshi, MD; Seth Trueger, MD MPH; Felix Ankel, MD*

Online educational resources for emergency medicine education continue to proliferate. This brief workshop will help attendees to distinguish and create resources of the highest quality.

After this session participants should be able to:

1. List multiple characteristics of high quality online educational resources,
2. Assess an online educational resource for quality, and
3. Outline an appropriate process for producing a high quality online educational resource.

**9:00 AM – 9:45 AM**

**Clinical Teaching with Online Resources**

*Robert Cooney, MD, MSMedEd, RDMS, FACEP, FAAEM; Michael Bond, MD; Rahul Patwari, MD PANEL: Rob Bryant, MD*

Teaching in the complex environment of the Emergency Department can be a challenge. This brief workshop will prepare participants to utilize technology to accelerate learning.

After this session participants should be able to:

1. Identify pre-existing resources for clinical teaching,
2. Describe the process of obtaining consent from patients for the collection and use of medical images, and
3. Create an electronic illness script for use with medical learners.

**10:00 AM – 10:30 AM**

**How to Build a Great Talk**

*Salim Rezaie, MD; Anand Swaminathan, MD*

This will be a 1 hour discussion of how to build a great talk. The main focuses will be on restraint in preparation, simplicity in design, and naturalness in delivery of a great talk.

After this session participants should be able to:

1. Discuss the importance of preparation,
2. Illustrate the importance of simplicity in slide design, and
3. Explain and describe useful tools to increase naturalness in presentation delivery.

**10:30 AM – 11:00 AM**

**Making Your Presentations Social**

*Malford Tyson Pillow, MD, MEd; Nikita Joshi, MD; Stacey Poznanski, DO; Rob Rogers, MD*

Integrating social media into presentations helps your learners integrate the key principles from your presentations, as well as expanding your reach far beyond the immediate group sitting in front of you. This session will explore the benefits of integrating social media into presentation, and outline key steps to consider before, during, and after the talk to keep the momentum going.

After this session participants should be able to:

1. List at least three benefits to integrating social media into presentations, and
2. Discuss several techniques to integrate social media into presentations including:
  - a. Creating anticipation BEFORE the presentation,
  - b. Using social reach DURING the presentation, and
  - c. Keeping the momentum going AFTER the presentation

**11:00 AM – 11:45 AM**

**Slide Design Workshop**

*Stacey Poznanski, DO; Rahul Patwari, MD; Malford Tyson Pillow, MD, MEd; Salim Rezaie, MD, Rob Rogers, MD*

Tired of lecturing to a sea of blank stares? To become an effective and engaging educator, one must capitalize on how the brain attends to and processes information. Participants in this workshop will explore and practice slide design techniques that effectively capture and keep the attention of the learner, while promoting knowledge transfer of a streamlined message.

After this session participants should be able to:

1. Apply Richard Mayer's principles of multimedia learning as they relate to engaging the learner and streamlining the message of a presentation, and
2. Transform preexisting slides into effective slides optimized for learning.

**1:00 PM – 4:00 PM**

**iMedEd Advanced Session Hack-a-thon Day 2**

*Robert Cooney, MD, MSMedEd, RDMS, FACEP, FAAEM; Teresa Chan, HBSc, BEd, MD, FRCPC, MHPE(cand)*

This session will focus on applying the principles of design thinking to the creation of a medical education innovation. The session will utilize a mix of traditional teaching and coached group activities as participants move from theory to concept to final product.

After this session participants should be able to:

1. List guiding principles of design thinking, and
2. Create a solution to a challenging educational problem.

**Specialty**

**4:00 PM – 5:00 PM**

**Lightning Orals**

*Corey Heitz, MD; Kriti Bhatia, MD*

This session will highlight some of the best educational research of the past year. Presentations will be concise and allow for maximal number of presentations as well as include content on methodology to help other educational researchers advance their own work. The session is intended for all tracks.

After this session, participants will be able to:

1. Describe the latest advances educational research in emergency medicine programs,
2. List examples of multiple methodologies in educational research, and
3. Describe how to design and implement educational research.

*continued*

**Day Four, Wednesday  
March 9, 2016**

**Best Practices**

**9:00 AM – 10:00 AM**

**Program Survival Stories**

*Tiffany Murano, MD, FACEP; Madonna Fernandez-Frackelton, MD*

This annual favorite provides a forum for Program Directors and Program Coordinators to share stories of resident misadventures and minefields.

After this session, participants will be able to:

1. Discuss (as a group) resident problems encountered by program directors and coordinators,
2. Develop effective strategies for addressing the provided examples of resident issues, and
3. Identify resources to aid the Program Director in finding solutions to these challenges.

**10:15 AM – 11:00 AM**

**Career Directions: Changing Roles in Academics: How to Switch Gears**

*Camiron Pfennig, MD, MHPE, FAAEM PANEL: Paul Ko, MD; Sorabh Khandelwal, MD; David Duong, MD; Kerry McCabe, MD; Travis Eastin, MD*

Moving from one educational leadership role to another presents an interesting set of challenges. This talk will address differences in roles and strategies for success with these changes.

At the end of this session, participants will:

1. Identify the most common pearls and pitfalls of transitioning into a new leadership role,
2. Develop strategies to help build energy and momentum for change as a new leader,
3. Discuss tactics for making friends, not enemies, when taking charge in new leadership roles,
4. Propose how to simultaneously learn about a new or changing organization while also effectively shaping it,
5. Recognize that making a leadership transition can be among life's most difficult personal challenges, and
6. Discuss the fine balance and transition to working with your fellow physicians as colleagues to now being in charge of your former peers.

**11:00 AM – 11:45 AM**

**Career Directions: Pearls and Pitfalls of Changing Institutions**

*Taku Taira, MD; Jon Fisher, MD; Daniel Egan, MD*

There are challenges to integrating oneself into a new practice environment, particularly when one is in a position of leadership. This session seeks to identify those challenges and give suggestions and solutions for integrating into a new environment.

At the end of this session, participants will:

1. Understand the challenges of integrating into a new practice environment,
2. Get tips for understanding the culture,
3. Learn best practices for integrating into that unfamiliar culture while
4. Identifying areas for improvement, and
5. Establishing oneself both as a leader and a change agent.

**11:45 AM – 12:30 PM**

**Career Directions: Succession Planning: When to Get Out, How to Get Out, and How to Give It Over**

*Merle Carter, MD; Jeffrey Schneider, MD*

It's been recognized that in general the leadership ladder in academic medicine begins at the Clerkship Director and ends at the Program Director, DIO, or Dean's office. Yet, there are no

standard practices to transition between roles for the individual or for the team he/she leaves behind.

At the end of this session, participants will:

1. Understand general concepts of succession planning,
2. Learn best practices for structuring, timing, and team configurations in planning & executing transitions in leadership between each rung in the GME ladder,
3. Develop a long- and/or short-term plan of program leadership development, succession, and transition planning within the residency program,
4. Describe the steps necessary in handing over a job or position,
5. Develop succession planning tools to facilitate faculty development and transitions within the program.

**Clerkship Directors in EM**

**9:00 AM – 10:00 AM**

**Interprofessional and Interinstitutional Education**

*Lee Wilbur, MD; Braden Hexom, MD, FACEP; Laura Thompson, MD; Jaime Edelstein, MD PANEL: Dylan Cooper, MD; May Li, MD*

This session will be an introduction to (1) Inter-professional education, including its relevance to EM and strategies to integrate it into the EM clerkship and (2) Inter-institutional education, including how to operate a clerkship in a large multi-hospital system.

After this session participants should be able to:

1. Define interprofessional education and its relevance to EM,
2. Discuss strategies to include IPE in the EM clerkship,
3. List best-practices in the field of IPE,
4. Discuss strategies to operate a large, inter-institutional clerkship, and
5. Discuss pitfalls and solutions to running EM clerkships which utilize multiple clinical sites.

**10:15 AM – 11:00 AM**

**Career Directions: Changing Roles in Academics: How to Switch Gears**

*Camiron Pfennig, MD, MHPE, FAAEM PANEL: Paul Ko, MD; Sorabh Khandelwal, MD; David Duong, MD; Kerry McCabe, MD; Travis Eastin, MD*

Moving from one educational leadership role to another presents an interesting set of challenges. This talk will address differences in roles and strategies for success with these changes.

At the end of this session, participants will:

1. Identify the most common pearls and pitfalls of transitioning into a new leadership role,
2. Develop strategies to help build energy and momentum for change as a new leader,
3. Discuss tactics for making friends, not enemies, when taking charge in new leadership roles,
4. Propose how to simultaneously learn about a new or changing organization while also effectively shaping it,
5. Recognize that making a leadership transition can be among life's most difficult personal challenges, and
6. Discuss the fine balance and transition to working with your fellow physicians as colleagues to now being in charge of your former peers.

**11:00 AM – 11:45 AM**

**Career Directions: Pearls and Pitfalls of Changing Institutions**

*Taku Taira, MD; Jon Fisher, MD; Daniel Egan, MD*

There are challenges to integrating oneself into a new practice environment, particularly when one is in a position of leadership. This session seeks to identify those challenges and give suggestions and solutions for integrating into a new environment.

At the end of this session, participants will:

1. Understand the challenges of integrating into a new practice environment,
2. Get tips for understanding the culture,

3. Learn best practices for integrating into that unfamiliar culture while
4. Identifying areas for improvement, and
5. Establishing oneself both as a leader and a change agent.

**11:45 AM – 12:30 PM**

### **Career Directions: Succession Planning: When to Get Out, How to Get Out, and How to Give It Over**

*Merle Carter, MD; Jeffrey Schneider, MD*

It's been recognized that in general the leadership ladder in academic medicine begins at the Clerkship Director and ends at the Program Director, DIO, or Dean's office. Yet, there are no standard practices to transition between roles for the individual or for the team he/she leaves behind.

At the end of this session, participants will:

1. Understand general concepts of succession planning,
2. Learn best practices for structuring, timing, and team configurations in planning & executing transitions in leadership between each rung in the GME ladder,
3. Develop a long- and/or short-term plan of program leadership development, succession, and transition planning within the residency program,
4. Describe the steps necessary in handing over a job or position,
5. Develop succession planning tools to facilitate faculty development and transitions within the program.

## **Navigating the Academic Waters**

**9:00 AM – 10:00 AM**

### **Program Survival Stories**

*Tiffany Murano, MD, FACEP; Madonna Fernandez-Frackelton, MD*

This annual favorite provides a forum for Program Directors and Program Coordinators to share stories of resident misadventures and minefields.

After this session, participants will be able to:

1. Discuss (as a group) resident problems encountered by program directors and coordinators,
2. Develop effective strategies for addressing the provided examples of resident issues, and
3. Identify resources to aid the Program Director in finding solutions to these challenges.

**10:15 AM – 11:00 AM**

### **Negotiation 101: How To Be A Better Negotiator**

*Manish Garg, MD, FAAEM*

Negotiation is seldom taught to physicians, yet represents one of the most useful skills for any professional. This talk will teach the learner the art of principled negotiation and demonstrate its use for EM program leaders in the clinical, educational, administrative and personal arenas.

After this session participants should be able to:

1. After completing this activity, learners will be more confident with principled negotiation.
2. Following the completion of this talk, learners will be able to apply successful negotiation strategies with their chair, faculty, residents, GME committee, and other hospital departments.

**11:00 AM – 12:30 PM**

### **Taking What You Learned Home and get it Done!**

*Danielle Hart, MD, MACM; Arlene Chung, MD*

Have you ever returned from a conference with exciting ideas, but struggle to make the change happen? This is a skill unto itself – effectively implementing change. This session will give you the tools to get support from your department, and create an effective implementation plan for your desired change.

After this session participants should be able to:

1. Consider and analyze factors impacting successful change implementation,
2. Collaborate with others on their challenges and develop solutions in a small group setting, and
3. Develop a Change Implementation Plan.

## **EMARC**

**9:00 AM – 10:00 AM**

### **Program Survival Stories**

*Tiffany Murano, MD, FACEP; Madonna Fernandez-Frackelton, MD*

This annual favorite provides a forum for Program Directors and Program Coordinators to share stories of resident misadventures and minefields.

After this session, participants will be able to:

1. Discuss (as a group) resident problems encountered by program directors and coordinators,
2. Develop effective strategies for addressing the provided examples of resident issues, and
3. Identify resources to aid the Program Director in finding solutions to these challenges.

**10:15 AM – 11:00 AM**

### **De-Stress at Your Desk!**

*Kristen Foland, MLS*

In most of our fast-paced departments, wellness and stress management take a backseat to deadlines, innovations, objectives, and deliverables. During this session presenters will discuss the impact of stress on performance, the importance of making wellness a priority, and share stress management techniques that can be used in an office setting.

After this session participants should be able to:

1. Understand the effects of stress on health, wellness, and productivity, and
2. Identify strategies that can minimize stress and maximize productivity.

**11:00 AM – 12:30 PM**

### **ERAS Updates**

*Ambrosya Amlong; Jill Craig*

Join us as we meet with representatives to review the latest ERAS software updates and enhancements.

After this session participants should be able to:

1. Understand the latest software updates and enhancements,
2. Offer feedback on development and needs regarding software updates, and
3. Share coordinator best practices for ERAS use.

## **Specialty**

**8:00 AM – 9:00 AM**

### **Best of the Best in Educational Research & Innovation**

*Lisa Moreno-Walton, MD, MS, MSCR, FACEP, FAAEM;*

*Corey Heitz, MD*

The CORD community develops high quality research and educational innovations every year. This year we are going to highlight the very best abstracts submitted to the CORD research and innovations forums. In this session selected presenters will discuss their novel research and educational innovations from both undergraduate and graduate medical education. The session is intended for all tracks to attend.

After this session, participants will be able to:

1. Describe the latest advances in educational research and innovations in emergency medicine programs and how to incorporate these into one's own program,
2. List creative examples of novel research and teaching in procedural, bedside, technological or case-based education, and
3. Describe how to design and implement educational research and new educational initiatives.

**Lunch Schedule**

**Sunday, March 6, 2016**

**11:30 am – 1:00 pm**

**Station #1**

1. A multi-disciplinary, hands-on workshop on facial wound repair improves knowledge and confidence among EM learners — Ann Batista, MD
2. A Qualitative Study of Medical Educators'™ Perspectives on Resident Remediation — Sara Krzyzaniak, MD
3. An Assessment of Emotional Intelligence in Emergency Medicine Resident Physicians — Dimitrios Papanagnou, MD, MPH, EdD Candidate
4. Antibiotic Stewardship of Acute Respiratory Infections in the Emergency Department — Rahul Bhat, MD
5. Assessment of Post-graduate Year Level And Unplanned Floor To ICU Transfer Within 24 Hours from the Emergency Department — Leslie Bilello, MD

**Station #2**

1. Barriers to education scholarship for core educators: a Needs Assessment and proposed solutions — Jaime Jordan, MD
2. Barriers to the remediation of struggling learners: A qualitative study — Sara Krzyzaniak, MD
3. Comparison of the Efficacy of High-Fidelity Patient Simulation Versus Traditional Lecture-based Didactics in Emergency Medicine Toxicology Education — Jessica Leduc, DO
4. CPR Education in Schools: A Novel Approach to Bystander CPR Disparities — Reed Louderback, BA
5. Cultural Competency Training in Emergency Medicine — Oren Mechanic, MD MPH

**Station #3**

1. Development of Critical Communication Skills in a Boot Camp Simulation Curriculum for Emergency Medicine Interns — Jessica Parsons, MD
2. Distribution of Honors Grades Across 4th Year Emergency Medicine Clerkships — Matthew Hall, MD
3. Do Medical Students Match into Emergency Medicine Programs where they Rotate? — Eric Reid, MD
4. Do Resident Press Ganey Scores Improve during the Academic Year? — Kristen Castro Alicea, MD
5. Do Students Have Access to the Data They Desire When Selecting an Emergency Medicine Residency Program? — Zachary Jarou, MD

**Station #4**

1. Doctor, Interrupted: Preemptive Workflow and Accuracy of Rapid Electrocardiogram Screening for ST-Elevation Myocardial Infarction by Emergency Medicine Providers — William Soares, MD
2. Effect of an Empathy Curriculum on Emergency Medicine Resident Burnout and Patient Perception of Empathy: a

- Randomized Controlled Trial — Sneha Chinai, MD
3. Emergency Department Admission Refusals Requiring Readmission at an Academic Medical Center — David Kumar, MD
4. Emergency Medicine Milestones: Longitudinal Interrater Agreement — Kerry McCabe, MD
5. Emergency Medicine Resident and Medical Student Technology Use during the care of Critical Patients: A High Fidelity Simulation Study — Pholaphat Charlie Inboriboon, MD, MPH

**Station #5**

1. Emergency Medicine Trainees with High Emotional Exhaustion Are Associated with Lower Patient Satisfaction Scores — Carrie Pinchbeck, MD
2. Emergency Physician Attitudes and Knowledge of ACEP's Choosing Wisely Recommendations — Thomas Nguyen, MD
3. Emergency Physician Presence At Two Large Outdoor Music Festivals — Jared Brazg, MD
4. Engaging the Audience During Medical Simulation — Christopher Cline, DO
5. Evaluating Resident Transitions of Care in the Emergency Department — Deborah Pierce, DO, MS

**Station #6**

1. Expectations and Outcomes for the Development of an Ultrasound Curriculum in a Resource-limited Environment — Simran Buttar, MD
2. Financial Implications of the EM Interview Season — David Reid, DO
3. Gestalt assessment of online educational resources is unreliable and inconsistent — Brent Thoma, MD
4. Going with the ED Flow: Teaching and Learning Rapid Task Prioritization — Teresa Chan, MD, MHPE candidate
5. Holes in the FOAM: An Analysis of Emergency Medicine Residency Curriculum Comprehensiveness Represented in Online Resources — Andrew Grock, MD

**Station #7**

1. How do the Previous Experiences of Medical Students Relate to When and Why They Choose Emergency Medicine as a Specialty — John Ray, MD
2. How Emergency Physicians Think: A cognitive task analysis of task and patient prioritization in a multi-patient environment. — Teresa Chan, MD, FRCP, MHPE Candidate
3. Human Trafficking Didactic Session Resulted in Improved Awareness — Shannon Findlay, MD
4. Identification and Instruction of Core ECG Interpretation Skills Necessary for Emergency Medicine Residency Readiness — Daniel Holt, BS
5. Identifying Communication Behaviors Associated with Higher ED Patient Satisfaction Scores — Sridhar Patel, DO

**Station #8**

1. Implementation of a Learner Centered Teaching

Curriculum in an Emergency Medicine Residency Program – Shivani Mody, DO

2. Improving Emergency Department Discharge Through Physician Directed Instructions and a Simple Algorithm Designed for Residents in Training: The R2D2 Disposition Protocol — Jesse Hernandez, BA
3. Incorporation of images on presentation slides positively impacts continuing medical education conference speaker evaluations — Ian Ferguson, BA
4. Inside the black box: Using think aloud to study clinical reasoning during simulation — Michael Cassara, DO, MSEd, FACEP
5. Near-Peer Teaching for Sustainable Capacity Building of Basic Life Support Training in Haiti: Feasibility of a Training the Trainers Model — James Murphy, MPH

---

### Station #9

1. Objective evidence of the effectiveness of a flipped classroom model based on three years of Andragogy-based Curriculum — Tedd Welniak, MD
2. Periodicity of Attending-Resident Overlap and Attending Comfort Evaluating Residents — Emily Taub, MD
3. Pilot Study: The Use of Cadaver Models to Diagnose Rib Fractures — Josie Acuna, MD
4. Publishing Venues for Education Scholarship: A Needs Assessment — Jaime Jordan, MD
5. Qualitative Analysis of Medical Student Reflections of Inter-professional Experiences during their Emergency Medicine Clerkship. — Travis Smith, MD

---

### Station #10

1. Relationship Between Feedback Delivery and Faculty Rank — Aleksandr Tichter, MD, MS
2. Resident Reactions to Unannounced Standardized Patients in the ED — Jared Brazg, MD
3. Retrospective Study to Explore the Potential Benefit of an ECMO Protocol in Our Emergency Department – Joshua Schiller, MD
4. She Said, He Said — Resident Perceptions of Gender and Leadership in Acute Resuscitations: A Qualitative Analysis — Alan Breaud, MPH
5. SLOE Lower Third Ranking: Is it the Kiss of Death? — Michael Pasirstein, MD, MPH

---

### Station #11

1. Social Media in Emergency Medicine Resident Education: A Needs Assessment — Mary Haas, MD
2. Teaching EPA 10: A simulated clinical experience improves novice medical student knowledge and comfort in recognizing patients requiring emergent care — Simran Vahali, MD
3. TeamSTEPPS in clinical simulation cases — Khanh Cao, MD
4. The CORD-EM Speaker Evaluation Form — Andrew Phillips, MD, MEd
5. The Effect of Resident Physicians on Press Ganey Scores in the Emergency Department — Rockan Sayegh, MD

---

### Station #12

1. The Impact of an Emergency Department-Based Critical Care Unit on the Procedural Training Experience for Residents — Matthew Stull, MD
2. The Impact of Interdisciplinary Education on Skills and Attitudes of Emergency Medicine & General Surgery Residents — Neil King, MD
3. Trends in NRMP Data from 2007-2014 for US Seniors Matching into Emergency Medicine — Jonah Gualda, MD
4. Use of simulation to assess resident performance of medication reconciliation and disclosure of error. – Robin Naples, MD
5. USMLE Scores Predict Success in ABEM Initial Certification — Ashley Pinawin, MD

---

### Station #13

1. Utilizing Bedside Echocardiogram and IVC Ultrasound to Determine Fluid Responsiveness: Effectiveness of a Curriculum for Fourth-Year Medical Students — Paul Kukulski, MD
2. What predicts resident performance?: A multi-center study examining the association between resident performance, rank list position, and USMLE scores — Todd Schneberk, MD
3. When do Sub-Interns Prefer to Interview? — David Hoffman, DO
4. Women Leaders in Academic Medicine: A Chair's Perspective — Sonam Jaglan, MS-4
5. Can Active Learning via the Socratic Method Improve Knowledge Retention amongst Emergency Medicine Residents? — Sumintra Wood, MD

---

### Station #14

1. Current Practice In The Transitions Of Care For Patients Discharged From The Emergency Department – Michael Smith, MD, MBA, CPE
2. Multisource Feedback in a Simulation-Based Milestone Assessment of Emergency Medicine Residents — Jeffrey Siegelman, MD
3. Faculty and Resident Perception of Mastery of Level One Emergency Medicine Milestones — Emilie Fowlkes, MD
4. A Novel Approach to Documentation: Telescribes — Tina Wu, MD

---

### Station #15

1. Comparison of live tissue vs. mannequin cryothyroidotomy training models for EM residents — Jason Bothwell, MD
2. Defining Emergency Medicine Residency Training Outcomes Using Delphi Method — Laura Hopson, MD
3. Direct and Video Laryngoscopy by Emergency Medicine Residents in a Simulated Adult Patient in a Pre-Hospital Environment — Amrita Nanda, MD
4. Emergency Medicine Resident On Shift Clinical Teaching Efficacy as Measured by Student Evaluation and Self-Reflection Using a Previously Validated Metric — Bryan Kane, MD

*continued*

5. Enhancement of Cricothyroidotomy Procedural Competency using Cadaver Autograft — David Hile, MD

---

### Station #16

---

1. Evaluation of simulation as an adjunct to didactics for teaching emergency medical management of septic shock – Matthew Dolan, MD
2. Faculty Evaluations: Using MyEvaluations to Increase Response Rates — Scott Crawford, MD
3. Personal and Professional Risk of Social Media Utilization by Emergency Medicine Residents and Faculty – Michael Bond, MD
4. Procedure Logging — What's old is new again. — Theodore Gaeta, DO, MPH
5. Reflections of 1st Year Medical Students in the Emergency Department — Brendan Munzer, MD

---

### Station #17

---

1. Resident Education on Misdiagnosis and Quality Assurance in Emergency Medicine (EM) Training Programs – Nicole Dubosh, MD
2. Revisions to National EM M4 Examinations Improve Item Performance — Emily Miller, MD
3. The Effect of a Triage-Assist Provider on the number of Ultrasounds ordered in Patients Presenting to the Emergency Department with Abdominal Pain — Poonam Desai, DO
4. Using Gamification and Technology to Encourage Independent Study — Daniel Kolinsky, MD

## Evening Schedule

**Sunday, March 6, 2016**

**5:00 pm – 6:30 pm**

---

### Station #1

---

1. WhatILoveaboutPennEM: A Unique Social Media Based Residency Marketing Strategy — Jennifer Love, MD
2. 360 Degree Feedback: A Novel Format for a Program Evaluation Committee in an Academic Emergency Medicine Residency Program — Holly Caretta-Weyer, MD
3. A Low Cost Cesarean-Section Trainer On A Live Model To Teach The Procedure Of Resuscitative Hysterotomy – Rob Bryant, MD
4. A Novel Apprenticeship Model Providing Progressive Educational Responsibility And Individual Development To Emergency Medicine Residents — Joel Moll, MD
5. A Novel Approach to Medical Student EMS Education — Walt Lubbers, MD

---

### Station #2

---

1. A Novel Approach to Self-Directed Learning and the Flipped Classroom Method for Residency Didactic Curriculum — Andrew King, MD, FACEP
2. A novel flipped-classroom curriculum for intern education — Eric Shappell, MD
3. A Novel Method to Monitor Participation for Individual Interactive Instruction — Jay Khadpe, MD
4. A Real Life Cricothyrotomy Trainer — Walter Lubbers, MD
5. A tailored, longitudinal ultrasound curriculum for pediatric emergency medicine fellows — Patrick Minges, MD

---

### Station #3

---

1. A Tool for Resident Productivity Metrics in an Academic Emergency Medicine Program — Jupin Malhi, MD
2. A Web-based Patient Follow Up Log with Faculty Feedback Loop – Michael Van Meter, MD
3. ABCs of Team Leadership: Using Shift Card Data to Guide Future Education — Cullen Hegarty, MD
4. Adapting Gel-Wax into a Low Cost Ultrasound Guided Pericardiocentesis Model — Jason Planas, MD
5. Advanced Ultrasound Workshops for Emergency Medicine Residents — Michelle Lall, MD, MHS

---

### Station #4

---

1. An Airway Committee: An Innovative Way to Implement an Asynchronous Airway Curriculum — Sean Dyer, MD
2. Are the Top EM Residency Applicants Declining Interview Invitations Earlier in 2015: A Review of Declined Invitations from 2013-2015 — Brad Hernandez, MD
3. Assessing Specialty Specific Milestones of 'Off-Service' Rotators during Emergency Medicine Rotation – Lauren Walter, MD
4. Assessing the Effectiveness of our Current Curriculum in Educating Residents in Medical Error – Flavia Nobay, MD
5. Billing and Coding Shift in an EM Residency: A Win-Win-Win Proposition — Michael Takacs, MD MS

---

### Station #5

---

1. Bystander Emergency Response — A Clinical Elective for 1st-Year Medical Students – Adam Tobias, MD, MPH
2. Changing the Tradition of Grand Rounds Using Google Hang Out — Teresa Smith, MD, MSEd
3. Comparison of Medical Student Feedback Versus Clinical Faculty Feedback on Resident Physician ACGME Milestones — Nicole Battaglioli, MD, FAWM
4. Deliberate practice and asynchronous video documentation of procedural competence and technical skill. – Jeremy Faust, MD, MS
5. Developing a Clinical Track in Emergency Medicine to Teach and Assess Level 1 Milestones — Cynthia Leung, MD, PhD



---

## Station #6

---

1. Development of a Simulated Model for Corneal Foreign Body Removal — Alan Janssen, DO
2. ED Patient Safety Rounds as a Source for Quality and Patient Safety Education and Quality Improvement — Brenna Farmer, MD
3. Educational innovation — application of the flipped classroom to Pediatric education in Emergency Medicine residency curriculum — Emily Rose, MD
4. Electronic health record reports can be utilized to provide data about residents' practice habits — Kenneth Dodd, MD
5. Essentials of procedural skills: early preclinical introduction to common emergency medicine procedures — Xiao Chi Zhang, MD, MS

---

## Station #7

---

1. Evidence Based Medicine Longitudinal Track — Michael Joyce, MD
2. Excellence in Ultrasound Education: An Innovative Longitudinal Approach to Bedside Hands-on Ultrasound Teaching — Rachel Haney, MD
3. Flipped Learning Initiative Program (F.L.I.P.): Flipping the Classroom with a FOAMed Supplemental Curriculum — Sean Dyer, MD
4. Geriatrics Longitudinal Integrated Curriculum for Emergency Medicine Residents — Nikki Waller, MD
5. Implementation of a Three-Pronged Strategy Improves Resident Performance on the In-Training Exam — Saumil Parikh, MD

---

## Station #8

---

1. Improving Emergency Medicine Residency Documentation Training: A Needs Assessment — William Ford, MD, MBA
2. Innovation in EM Education Design Challenge — A novel approach to advance medical education — Jonathan St George, MD
3. Interactive Video-assisted Procedural Curriculum for Uncommon Emergency Medicine Procedures — Chad Gorbalkin, MD
4. Introduction to a Mental Skills Curriculum in an EM Residency — Ian Fowler, DO
5. Invasive Procedure Team Contributes to Procedural Mastery in a Combined Residency — Mityanand Ramnarine, MD

---

## Station #9

---

1. Is Virtual Grand Rounds a Good Option for Resident Conferences? — Kristi Grall, MD MHPE
2. Journal Club Redesigned: Small Groups, Landmark Studies, and FOAMed — Richard Bounds, MD
3. Low Fidelity High Functionality Inexpensive Ultrasound Guided Femoral Nerve Block Model — Matthew Chapman, BS
4. Novel Priapism Model for Use in Resident Procedural Education — Stephanie Stapleton, MD
5. Partners in training, partners in care: Integrating nurses in EM residency training — Linda Regan, MD

---

## Station #10

---

1. Procedural and Resuscitation Curriculum Addition to the Emergency Medicine Anesthesia Rotation — Braden Parker, MD
2. Prospective Study to Test the Benefit of Remote Learning and Quality Assurance Programs on Retention and Improvement of Limited Bedside Ultrasound Skills for a Cohort of Fifth Year Medical Students at the Catholic University of Mozambique — Michael Doctor, MD
3. Providing Culturally Competent LGBT Care to Patients in the ED — Radosveta Wells, MD
4. Quick Hits — Structured on-shift teaching designed for the busy academic Emergency Center — Benjamin Lo, MD
5. RegionsRAP: Implementation of a Novel Journal Club Format Incorporating Instructional Technology — Joseph Walter, MD

---

## Station #11

---

1. Resident- as- Debriefing Curriculum: A Novel Approach to the Senior Resident Teaching Role in Simulation Medicine — Jessica Cook, MB, BCh, BAO
2. Resident Coaching: An Innovation to the Traditional Resident Advising Approach — Sarah Greenberger, MD
3. Resident didactics — escaping death by power-point — Michael Joyce, MD
4. Resident Generated ABEM Style Questions and Online Quiz Producing Program as a Cost Effective Method for Resident Medical Knowledge Milestone Assessment — Alyssa Tyransky, BS
5. Resident led Sim Debrief as a Longitudinal Learning Model — Andrew Pelikan, MD

---

## Station #12

---

1. Rethinking Airway Management Training in Emergency Medicine Residency Programs: Improving Resident Airway Skills with a Comprehensive Airway Boot Camp Course — Jonathan Kei, MD, MPH
2. Rural Emergency Medicine: A New Elective for Real World Experience — Delaney Kinchen, DO
3. Scientific Speaker Apprenticeship Program — Andrew Phillips, MD, Med
4. Simulation and Standardized Patient Encounters as a Method to Assess Residents in Emergency Stabilization (PC1) Milestones Routinely Identified as Difficult to Evaluate in the Clinical Setting — Jennifer Mitzman, MD
5. Simulation and Standardized Patient Encounters as a Method to Assess Residents in Patient Centered Communication (ICS1) Milestones Routinely Identified as Difficult to Evaluate in the Clinical Setting — Michael Purcell, MD

---

## Station #13

---

1. Simulation and Standardized Patient Encounters as a Method to Assess Residents in Patient Safety (SBP1) Milestones Routinely Identified as Difficult to Evaluate in the Clinical Setting — Jason Bischof, MD
2. Simulation and Standardized Patient Encounters as a Method to Assess Residents in Professional Values (PROF1) Milestone Routinely Identified as Difficult to Evaluate in the Clinical Setting — Monica Mikkilineni, MD

*continued*

3. Take a stab at it — A Novel and Economical Chest Tube Model for Procedural Skills Education — Timothy Fortuna, DO
4. Teaching the Teachers of Point-Of-Care Ultrasound (POCUS): Creating a checklist for an Objective Structured Teaching Examination (OSTE) for Instructors of the Focused Assessment with Sonography for Trauma (FAST) Exam — Sarah Sanders, MD
5. Teaching Video and Hands on Learning Improve Slit Lamp Exam Workshop — Jessica Mason, MD

---

### Station #14

1. The ABCs of Empathy — Sneha Chinai, MD
2. The Effectiveness of Individualized End-of-Shift Milestone Assessment Tools for Remediation — Michelle Lall, MD, MHS
3. The EMR Playground as a Platform to Train Novice Learners in Safely Ordering Weight Based Medications — Linda Spillane, MD
4. The Practitioner's Guide to Global Health: Online Interactive Evaluative Preparatory Modules for Students and Residents — Alison Hayward, MD, MPH
5. Use of Online Marketing Technology To Track Resident Engagement In A FOAM-Supplemented Curriculum — Ian Justl Ellis, MD

---

### Station #15

1. Utilization of Educational Blogs to Supplement Self-Directed Learning and Small Group Based Didactic Sessions — Michael Barrie, MD
2. Utilizing E-Value as a Novel Approach to Create Small Group Modules and Review Completed Resident Coursework — Emily Gibbons, BS
3. Working Within Diverse Communities: Development of a Health Disparities Curriculum for an Academic Emergency Medicine Residency Program — Holly Caretta-Weyer, MD
4. The use of OSCE to assess Patient Care, Professionalism and Interpersonal Communication Milestones in EM residents. — Miriam Kulkarni, MD
5. A Novel Point-Based Criterion for Mandatory Resident Scholarly Activities — Carly Eastin, MD

---

### Station #16

1. An Attempt to Standardize Evaluation Scoring — Joseph House, MD
2. An email prompt with weblink improved faculty participation, volume of returns, and distribution of Emergency Medicine resident after-shift evaluations. — Steven Dorsey, MD
3. The Long Path of Milestones — Christopher Calandrella, DO
4. EMCAPS: Emergency Medicine Competency Assessment of Patient Satisfaction — Emmagene Worley, MD
5. ALKS (Timely Assessment of Learner's Knowledge and Skills): An Approach to Increase Volume and Quality of Resident Evaluations — Abra Fant, MD, MS

---

### Station #17

1. On Staying Human: A Multimodal Exercise for Doctors in Training — Julie McCausland, MD,MS
2. A Near-Peer Educational Initiative to Equip Interns with Conceptual Frameworks to Emergency Medicine Chief Complaints — Quentin Reuter, MD
3. A Novel Game for Introducing Important Aspects of Effective Patient Consenting — Jonathan Jones, MD
4. Creation, Implementation, and Assessment of a Near-Peer Taught, EM-Focused Electrocardiogram Curriculum for EM PGY-1s — William Burns, MD
5. Development of Video Cases for an Anatomy-Based Clinical Reasoning Workshop — David Wald, DO

---

### Station #18

1. Implementation of a Resident-Driven Patient Safety and Quality Improvement Experience — Daniel Egan, MD
2. Morbidity and Mortality: An Introductory Curriculum — Chinmay Patel, DO
3. Residents as Investigators: Original Research as a Universal Standard for Scholarly Activity to Teach Evidence-Based Medicine — Michael April, MD, DPhil, MSC
4. The "Consultant Chat" a novel didactic method for specialist presentations to emergency medicine residents — Richard Bounds, MD
5. The Senior Retreat — Turning Learners Into Leaders — David Marcus, MD
6. Use of a CPC to Demonstrate Resident Completion of Multiple ACGME EM Milestones — Bryan Kane, MD

---

### Station #19

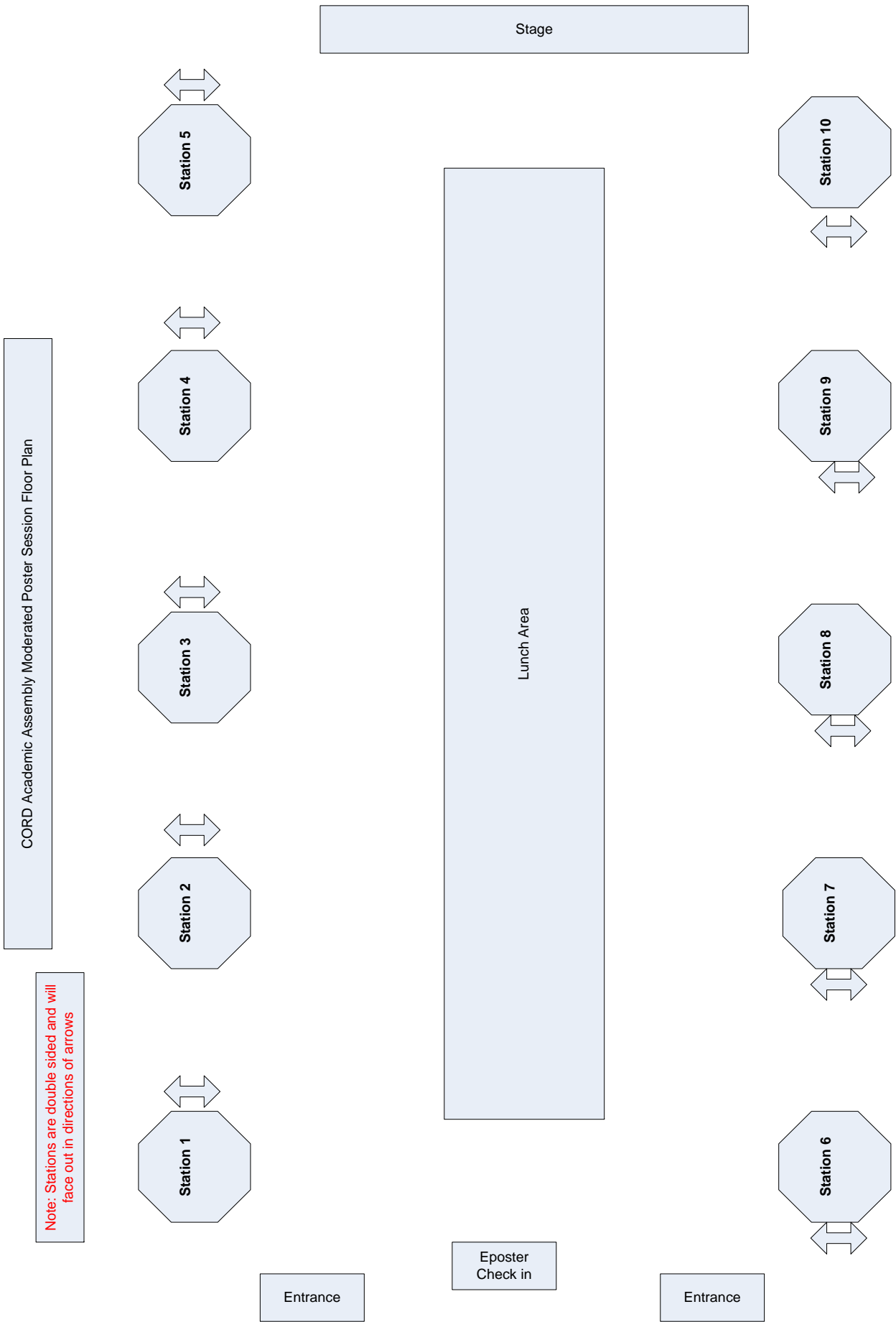
1. Use of a CPC to Demonstrate Resident Completion of Multiple ACGME EM Milestones — Bryan Kane, MD

---

### Station #20

1. PennEMChat: A Unique Application of Social Media to Virtually Extend the Interview Day — Kevin Scott, MD
2. Diverse and Sustained Administration Curriculum for Emergency Medicine Residents — Olivia Bailey, MD
3. Equivalent Resident Learning Experiences When Replacing High-Fidelity Patient Simulation with Lower Cost Experiential Learning — David Masneri, DO
4. Improving Feedback in the EM Clerkship — A New Model Using 1st Person Video Recording — Nicholas Bove, BS, MD (IP)
5. Making Requirements Interprofessional: An Example — Joseph House, MD
6. Providing Resident Performance Metrics to Improve Resident Satisfaction and Efficiency — Mira Mamtani, MD
7. The Creation of an "E-clerkship": Utilizing the iPad Tablet Device to Streamline Course Delivery and Encourage Self-directed Learning — Emily Hillman, MD
8. The Outside Rotators Curriculum: Educating Non-EM Residents in the Emergency Department — Jennifer Farah, MD
9. Translational Effect of Large Scale Simulation (TELSS) — Eric Ho, DO
10. We Are Being Interviewed Too: Faculty Development on How to Find and Attract the Best Resident for Your Program — Tina Choudhri, MD

# RESEARCH & INNOVATIONS POSTER SESSION LAYOUT



# ADVERTISING

**THANK  
YOU  
TO OUR  
ADVERTISERS**



## Associate Scholar Program Department of Emergency Medicine

The University of Iowa Department of Emergency Medicine offers Associate Scholar programs in Medical Education, International Emergency Medicine, Research and Automotive Traumatology for graduates of ACGME-accredited Emergency Medicine residency programs. Applicants must be board-eligible or board-certified by the American Board of Emergency Medicine.

The Associate Scholar will work clinically in the capacity of an attending physician in the Emergency Department while pursuing training in one of the four disciplines available in the Associate Scholar program. This is not a permanent faculty appointment.

Upon successful completion of this two-year appointment, the Associate Scholar in Emergency Medicine will earn a certification of completion of training and will have had the opportunity to earn a Master's degree as a component of the training program.

For more information regarding the programs, please contact  
**Azeemuddin Ahmed, MD, MBA**  
Clinical Professor and Executive Vice Chair  
Department of Emergency Medicine  
azeemuddin-ahmed@uiowa.edu

*The University of Iowa is an equal opportunity / affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran.*



EMERGENCY MEDICINE

## Academic, VA, and Community Opportunities

**Located in beautiful Milwaukee, WI, the MCW Department of Emergency Medicine is growing!**

Our ED at Froedtert Hospital is completing an expansion in January 2016, and we are increasing our daily physician coverage hours. We are recruiting for two faculty to complete our coverage. The Department also seeks faculty who are interested in joining our Zablocki Veterans Affairs Medical Center (VA) staffing complement, which will be initiated in August, 2015. We are adding two positions to our faculty in order to provide Monday-Friday, daytime coverage at the VA. Additionally, the Froedtert Health System is opening a free-standing ED at the Moorland Reserve Health Center. We are recruiting six faculty for single provider coverage at this new community ED, to be opened in July, 2016. All faculty members could have clinical responsibilities at one or more of these sites.

The Department of Emergency Medicine at MCW has nationally and internationally recognized experts in EMS and Disaster Medicine, Toxicology, Injury Prevention and Control, Cardiac Resuscitation, Global Health, Ultrasound, Medical Education, and Process Improvement. The Department is ranked in the top 20 NIH funded departments of emergency medicine. Interested applicants should submit a curriculum vitae and letter of interest to Dr. Stephen Hargarten, Department Chairman and MCW Associate Dean, at [hargart@mcw.edu](mailto:hargart@mcw.edu).



## Associate or Assistant Residency Director Position (APD)

The Department of Emergency Medicine at the University of Michigan is seeking motivated faculty with an interest in medical education and residency leadership for Associate or Assistant Residency Director Position (APD). The APD responsibilities will include mentoring residents, supervision of the didactic curriculum, and direction of the Longitudinal Professional Development Tracks in Research, Education, Clinical Excellence and Administration. The APD will report to the Program Director and share in the leadership and responsibilities of the residency. The residency has a well-developed simulation curriculum. There is potential for professional development in medical education research working with PhDs in education and actively involved faculty.

The Department of Emergency Medicine has nationally recognized clinical expertise in brain injury, sepsis, injury prevention and pediatric emergency medicine. The Department is a Level 1 adult and pediatric trauma center. The residency is a four-year joint program with St. Joseph Mercy, a well-resourced community Hospital, and Hurley Hospital which serves Flint, MI. It is dedicated to providing a diverse training experience with an emphasis on clinical excellence.

Academic rank will be determined by credentials. Clinical responsibilities will include patient care activity in the Emergency Department at University of Michigan Health System and include shift reduction commensurate with responsibilities. Applicants should have residency training and board certification in Emergency Medicine. Excellent salary and fringe benefit package. If interested, please send curriculum vitae to: Robert Neumar, M.D., PhD Professor and Chair, Department of Emergency Medicine, UMHS, 1500 East Medical Center Drive, Ann Arbor, MI 48109-5301.

*The University of Michigan is an equal opportunity affirmative action employer.*



## Emergency Medicine Residency Program Faculty

Reading Health System is seeking a BC Emergency Medicine physicians to serve as Emergency Medicine Core Faculty for Reading Hospital, located in West Reading, PA. EM Faculty members will be supporting the allopathic EM Residency Program with a projected start date of July 2018. The ideal candidate will have a fellowship to support an EM Residency as well as a love of teaching and a strong passion for academics.

The EM Faculty will be responsible for:

- Working with the Emergency Medicine academic leadership to provide direction and vision for EM education at Reading Hospital
- Assisting in the education/development of EM Residents and other EM learners
- Mentoring residents and students in their academic mission

### Requirements:

- MD or DO degree
- Board-certified in Emergency Medicine
- Licensed to practice medicine in Pennsylvania
- Attending experience in an academic emergency medicine program is preferred
- EM fellowship experience is preferred

### What we offer:

- Competitive salary
- Educational loan repayment
- Sign-on bonus
- Medical insurance
- Life insurance
- Malpractice insurance
- Liberal paid time off
- CME allowance
- Defined benefit pension plan
- 403(b)/457(b) retirement plans



### About Reading Hospital

Reading Hospital is part of Reading Health System, a regional leading health system located in south central Pennsylvania. A 727-bed, not-for-profit independent academic medical center with more than 800 affiliated physicians, Reading Hospital is a leader in advancing our community's health and wellness, and is one of the region's major referral hospitals in a number of specialties, including cardiovascular services, neurosciences, oncology, pediatrics and women's health. The hospital also is a Level II trauma center, providing emergency care for more than 135,000 emergency department patient visits annually. Reading Hospital is a leader in breakthrough technologies, including the Hana table anterior approach to hip replacement, robotic da Vinci Surgery System® and Trilogy® Radiosurgery. Reading Health System is in the process of an enterprise-wide Epic electronic health record implementation. Reading Hospital is a member of the Alliance for Academic Independent Medical Centers (AIAMC) and the Council of Teaching Hospitals (COTH) of the AAMC. Reading Hospital is also a member of the Johns Hopkins Research Network and the Jefferson Research Network.

Berks County maintains a perfect balance of urban, rural and suburban settings. Our community offers diverse outdoor and cultural activities, outstanding schools and quality of life with easy accessibility to shore points, airports and major metro areas, such as Philadelphia, Washington, DC and New York City.



For more information, please contact:

**Kenneth Nichols**  
Director, Medical Staff Recruitment  
(484) 628-6581  
kenneth.nichols@readinghealth.org

Hospital website:  
[readinghealth.org](http://readinghealth.org)

Physician Careers website:  
[readinghealthsystem.jobs](http://readinghealthsystem.jobs)



**READING HOSPITAL**

READING HEALTH SYSTEM

Advancing Health. Transforming Lives.

# Emergency Medicine Opportunities with WellSpan Health



**WellSpan Gettysburg Hospital** is a non-trauma hospital with approximately 30,000 ED visits per year and is commutable from Baltimore/northern DC.

- **Emergency Medicine Opportunities – With Generous Loan Repayment**
  - Seeking full time board certified or eligible emergency medicine physicians
  - Competitive compensation and signing bonus
  - Excellent benefits including retirement, relocation and paid malpractice

**WellSpan York Hospital** is a Level 1 Trauma Center with approximately 80,000 visits per year and is located just one hour north of the Baltimore/DC metro area and 90 minutes from Philadelphia.

- **Academic Emergency Medicine Opportunity**
  - Must be ABEM or AOBEM board certified or prepared
  - The department consists of 27 faculty, 33 residents and 2 fellows
  - Large hospitalist team facilitates admissions
  - Competitive salary and outstanding benefits including retirement, relocation and paid malpractice
- **Assistant Director of Emergency Ultrasound**
  - Must be ABEM or AOBEM board certified and have completed an emergency ultrasound fellowship
  - Program includes 5 ultrasound machines with digital archiving and weekly QA/educational sessions
  - Competitive salary and outstanding benefits including retirement, relocation and paid malpractice

**WellSpan Health** is a top-rated integrated health system and tertiary care center with a collaborative culture and a focus on high-quality patient care. **WellSpan Medical Group** is a large multi-specialty group that employs more than 990 physicians and advanced practice clinicians in over 160 locations across south central Pennsylvania and northern Maryland.

**For immediate consideration or to learn more:**

**Call:** (717) 812-4377 • **Email:** [areid2@wellspan.org](mailto:areid2@wellspan.org) • **Click:** [WellSpanCareers.org](http://WellSpanCareers.org)

## CEP America Partnership Seeking APD and Core Faculty for EM Residency Program in California

**Visalia, California** – Associate Program Director and Core Faculty for accredited Emergency Medicine Residency at Kaweah Delta Healthcare District.

This is a great opportunity to join CEP America, one of the largest physician partnerships in the US. Build a legacy in emergency medicine and shape this newer academic program (our first class started in 2013), while working in a trauma receiving facility with diverse pathology and an annual ED volume of 93,000+.

The successful candidate will have:

- Exceptional administrative, motivational, and organizational skills
- Be a leader in academic medicine as well as teaching experience.

Major responsibilities include:

- Assuring academic excellence and the delivery of high quality graduate medical education
- Faculty oversight as applicable
- Clinical responsibilities will include patient care activity in the emergency department

These positions offer an academic affiliation with the University of California, Irvine, as well as the benefits of being a Partner in CEP America.

Apply online today at  
[www.cepamerica.com/careers](http://www.cepamerica.com/careers)

For more information, please contact  
**Amber Safi** at [safia@medamerica.com](mailto:safia@medamerica.com)  
or (510) 851-7419, or **Linda Herman, MD**  
at [LindaHerman@cep.com](mailto:LindaHerman@cep.com)

**CEP  
America**<sup>®</sup>

Your Life. Your Career. Your Partnership.



### EMERGENCY MEDICINE FACULTY POSITIONS

The University of Oklahoma Department of Emergency Medicine (OUDEM) is seeking candidates for EM faculty positions at the Instructor through Professor levels. We are a growing group with a full department status (see our website: [www.oudem.org](http://www.oudem.org)), and seeking to enlarge the faculty as we increase clinical responsibilities.

Faculty has the overall tasks of furthering the educational, clinical, and scholarly activities of OUDEM. The successful candidate will be EM residency trained and either board-certified or board-eligible by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine.

Salary is commensurate with experience and duties.

The University of Oklahoma is an EO/AA Institution <http://www.ou.edu/eoo>. Individuals with disabilities and protected veterans are encouraged to apply.

Please send curriculum vitae to:

Boyd Burns, DO

Interim Chair

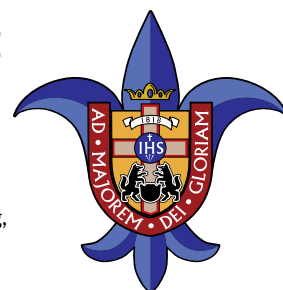
Department of Emergency Medicine

The University of Oklahoma

4502 E. 41st Street, SAC 2E12

Tulsa, Ok. 74135-2553

### EMERGENCY MEDICINE Department of Surgery Saint Louis University



**SAINT LOUIS  
UNIVERSITY**

Saint Louis University, a Catholic, Jesuit institution dedicated to student learning, research, healthcare and service is seeking qualified applicants for full-time faculty positions in the Division of Emergency Medicine. These positions offer both clinical, teaching and research opportunities.

The Emergency Department sees over 40,000 patients yearly and is a Level I Trauma Center, staffed by dedicated academic Emergency Medicine faculty in the School of Medicine. Applicants must be Emergency Medicine board certified or eligible.

Interested candidates must submit a cover letter, application and current curriculum vitae to <http://jobs.slu.edu>. An initial letter of interest and curriculum vitae should be sent to:

Laurie Byrne, M.D.

Director, Emergency Medicine Division  
Saint Louis University School of Medicine  
Saint Louis University Hospital  
3635 Vista Avenue at Grand Boulevard  
St. Louis, MO 63110-0250

*Saint Louis University is an affirmative action, equal opportunity employer and encourages applications of women and minorities.*



## NYU LANGONE | SENIOR EM LEADERSHIP POSITION

# VICE CHAIR FOR EDUCATION, ACADEMIC AFFAIRS AND LEARNING INNOVATION

RONALD O. PERELMAN DEPARTMENT OF EMERGENCY MEDICINE | MANHATTAN, NY

### ABOUT

The Ronald O. Perelman Department of Emergency Medicine at NYU School of Medicine is recruiting for a new, senior leadership position: vice chair for education, academic affairs, and learning innovation.

The Ronald O. Perelman Department of Emergency Medicine is home to a four year, 60 person residency. We offer 5 fellowship programs: Peds EM, Medical Toxicology, Simulation, Ultrasound and Safety. We provide care to 300,000 patients annually in our clinical sites in both Manhattan and Brooklyn. We are a diverse group of faculty and trainees actively seeking to promote women and other underrepresented minorities into leadership positions.

The vice chair for education, academic affairs and learning innovation will report directly to the chair of emergency medicine and work closely with the vice chairs for clinical operations, research, and business and strategy. S/he will be a key member of the senior leadership team providing governance on all emergency medicine activities and strategy.

### MINIMUM REQUIREMENTS:

The ideal candidate will be a seasoned emergency medicine education leader with a proven track record of educational accomplishment in an academic medical center. The ability to enhance curriculum, develop program leaders, and build collaborative relationships is strongly desired.

Additional formal training (master's degree in education or a related field) and experience with program development, applied educational models, scholarly educational accomplishment, and/or educational research expertise is also desired.

**If interested, please send your CV and letter of interest to:**

**Robert Femia, MD, MBA, Chair**  
**C/O: [emjobposts@nyumc.org](mailto:emjobposts@nyumc.org)**

### DIRECT REPORTS:

GME, UME, and Fellowship Program Directors

### KEY RESPONSIBILITIES:

- Provide leadership to all learning programs including GME, UME, fellowships, faculty development, and other training programs
- Provide mentorship and leadership to all UME, GME, fellowship and other training program directors
- Implement innovative curriculum design and assessment initiatives across multiple education platforms
- Promote growth of scholarly activities, educational research, and application of educational theory
- Collaborate with operations and research divisions
- Enhance current education platforms which include FOAM, asynchronous learning, flipped classroom, simulation, social media and faculty development
- Develop additional fellowship training programs and enhance enrichment opportunities for programs by combining with graduate degrees
- Develop collaborative educational opportunities with NYU Steinhardt, the Stern School of Business, the College of Global Public Health, the Wagner School, the Polytechnic Institute, and other degree programs

*NYU School of Medicine offers an outstanding compensation and benefits package which includes a 10% retirement plan employer contribution and college tuition remission. We are a diverse faculty of men and women deeply committed to our patients, our trainees and each other.*





---

## Emergency Medicine Residency Program Director

Hershey, PA

---

## Emergency Medicine Physician

Hershey, PA

---

## Pediatric Emergency Medicine Physician

Hershey, PA

---

## Emergency Medicine Physician

Carlisle Regional Medical Center  
Carlisle, PA

---

The Emergency Medicine Department at Penn State Milton S. Hershey Medical Center seeks energetic, highly motivated and talented physicians to join our Penn State Hershey family. Opportunities exist in both teaching and community hospital sites. This is an excellent opportunity from both an academic and a clinical perspective.

As one of Pennsylvania's busiest Emergency Departments with 26+ physicians treating over 70,000 patients annually, Penn State Hershey is a Magnet® healthcare organization and the only Level 1 Adult and Level 1 Pediatric Trauma Center in PA with state-of-the-art resuscitation/trauma bays, incorporated Pediatric Emergency Department and Observation Unit, along with our Life Lion Flight Critical Care and Ground EMS Division.

We offer salaries commensurate with qualifications, relocation assistance, physician incentive program and a CME allowance. Our comprehensive benefit package includes health insurance, education assistance, retirement options, on-campus fitness center, day care, credit union and so much more! For your health, Hershey Medical Center is a smoke-free campus.

Applicants must have graduated from an accredited Emergency Medicine Residency Program and be board-certified by ABEM. We seek candidates with strong interpersonal skills and the ability to work collaboratively within diverse academic and clinical environments.

For additional information, please contact:

**Susan B. Promes, Professor and Chair, Department of  
Emergency Medicine, c/o Heather Peffley, Physician Recruiter,  
Penn State Hershey Medical Center, Mail Code A590,  
P.O. Box 850, 90 Hope Drive, Hershey PA 17033-0850,  
Email: [hpeffley@hmc.psu.edu](mailto:hpeffley@hmc.psu.edu) OR apply online at  
[www.pennstatehersheycareers.com/EDPhysicians](http://www.pennstatehersheycareers.com/EDPhysicians)**

The Penn State Milton S. Hershey Medical Center is committed to affirmative action, equal opportunity and the diversity of its workforce. Equal Opportunity Employer – Minorities/Women/Protected Veterans/Disabled.



Pain Assessment and Management Initiative



## Pain Assessment and Management Initiative (PAMI): A Patient Safety Project

PAMI is a free access online educational and patient safety project. The goal of PAMI is to improve pain assessment and management in hospital, ED and EMS settings. All PAMI products are multidisciplinary and include children, adults and special populations. Topics include pharmacologic and nonpharmacologic treatment, procedural sedation and others. PAMI materials and modules can be utilized or adapted for resident, fellow, and student education including asynchronous learning, pain related milestones, and quality improvement projects.

Collaborators include Florida College of Emergency Physicians, Florida Hospital Association, Florida Society for Healthcare Risk Management & Patient Safety, American Pain Society and others.

**Website:** <http://pami.emergency.med.jax.ufl.edu/>



**Module Registration:** <https://goo.gl/KcKcul>

### Learning Modules

Basics of Pain Recognition, Assessment and Management	Patient Safety, Risk, Legal and Transitions of Care in Pain Management
Acute Pain Management	Chronic Pain Management
Procedural Sedation and Analgesia	Non-pharmacological Treatment and Management of Pain
Pediatric Pain Treatment	
Pharmacological Treatment and Management of Pain	Prehospital Pain Management for Adults, Children, and Special Populations



PAMI Facebook

Learning Modules with free CME/CEUs

Resources for patient safety and pain management

Free downloadable *Pain Management and Dosing Guide* for adults and children

Pain related case scenarios

Email your feedback and how you improved patient care and safety!

**UF UNIVERSITY of FLORIDA**  
College of Medicine  
Jacksonville  
Department of Emergency Medicine  
904-244-8617  
[emresearch@jax.ufl.edu](mailto:emresearch@jax.ufl.edu)



## ■ Recruiting Outstanding Faculty

The University of Arkansas for Medical Sciences (UAMS) Department of Emergency Medicine has a 32 year history of excellence and is in the process of expanding our academic faculty. If you are already board certified, a rising senior resident and/or senior fellow interested in a fantastic academic opportunity, please contact me. Among the 7 Institutes at UAMS, the Translational Research Institute provides added infrastructure for promising investigators. As the only academic health center in the State, our institution has many unique research opportunities available and will provide “start-up” funds, mentorship, and appropriate non-clinical time to support our research mission. The College of Medicine has launched a uniquely generous Clinician Scientist program featuring:

- *Up to 75% non-clinical time support for 3-4 years*
- *Salary equivalent to full time clinical faculty*
- *A formal mentorship program and research curriculum*

[www.uamsem.com/clinical-scientist-development-program.html](http://www.uamsem.com/clinical-scientist-development-program.html)

We are looking for energetic EM academicians interested in building our already diverse faculty and residency program. Our institution has a leadership structure that is highly supportive of Emergency Medicine including our own Service Line. We have established and lead many local and statewide initiatives that can provide tremendous opportunities for service, education, and/or scholarship opportunities for new faculty members. The following roles will be strongly considered:

- *Vice Chair or Director of Research*
- *EM Ultrasound Fellowship Director*
- *Clinical and Basic Science Investigators*
  - *Clinical attending*

■ We offer a generous compensation and benefits package.

Learn more about the UAMS EM family: **[www.uamsem.com](http://www.uamsem.com)**

Rawle “Tony” Seupaul MD  
Stanley E. Reed Professor and Chair

Department of Emergency Medicine  
University of Arkansas for Medical Sciences  
rseupaul@uams.edu



# UNIVERSITY OF LOUISVILLE

## Position Description

### **ASSISTANT/ASSOCIATE PROFESSOR EMERGENCY PHYSICIAN**

**University of Louisville Hospital is a 400 bed trauma center.** The Emergency Department cares for approximately 60,000 visits/year, educates a three year residency with 10 per class, and has specialties in EMS, Ultrasound, International Medicine, and Healthcare Quality and Patient Safety. We are an acute-care tertiary facility providing a full range of diagnostic, therapeutic, emergency, and surgical services including an adult burn unit.

Louisville Kentucky is diverse with a metropolitan population of ~600,000, growing economic infrastructure, multiple sports teams including the University of Louisville Basketball team, United Soccer League, Louisville FC, as well as the Triple-A baseball Louisville Bats. Louisville was ranked 8th in Forbes 2014 America's Most Affordable Cities, has a very active foodie culture, and is a great place for families and singles alike.

The Department of Emergency Medicine at the University of Louisville Health Science Center in Louisville Kentucky is recruiting for an ambitious, motivated, emergency medicine residency trained physician to become a member of a growing group of academic physicians at a premier Level 1 trauma center. Optimal candidates will perform peer-reviewed research and have an excellent teaching and clinical background. Louisville is one of the pioneering emergency programs with its inception in 1972. We have 20+ faculty and growing with new departmental staff and developing fellowships.

---

## Job Requirements

- Board eligible/board certified Physician
- Instructor, Assistant, or Associate Professor Level
- Research, Fellowship, or Publication Experience preferred
- Willing to hit the ground running and develop his/her own teaching and academic niche

---

*The University of Louisville is an Affirmative Action, Equal Opportunity, Americans with Disabilities Employer, committed to community engagement and diversity, and in that spirit, seeks applications from a broad variety of candidates.*

## CONTACT

Ashlee Melendez

[ashlee@louisville.edu](mailto:ashlee@louisville.edu)

Emergency Medicine, University of Louisville

Phone 502-852-7874

Online App. Form

[https://higherdecisions.com/uofl/current\\_vacancies.asp](https://higherdecisions.com/uofl/current_vacancies.asp)

## EQUAL EMPLOYMENT OPPORTUNITY

The University of Louisville is an Affirmative Action, Equal Opportunity, Americans with Disabilities Employer, committed to diversity and in that spirit, seeks applications from a broad variety of candidates.

**Collaborating** with you  
to make **Emergency Medicine** better.  
*that's our practice.*



### At-a-Glance

Sheridan Emergency Medicine has the following FULL-TIME Emergency Medicine Residency positions available:

- Program Director
- Associate Program Director
- Research Director
- Core Faculty

## Sheridan **Emergency Medicine Residency Program Opportunities** at **Ocala Regional Medical Center** in Ocala, Florida



### About Sheridan's Residency Program at Ocala Regional Medical Center

- We are seeking dynamic, experienced individuals to join our Emergency Medicine Residency Program's Center of Excellence.
- Work with a group of highly qualified physicians who are experienced in multiple specialties.



### Living and Working in Ocala, FL Mild Winters • Horse Capital of the World

- 90 minutes from both the Gulf and Atlantic Coasts and Orlando-area attractions
- Historic downtown hosts numerous community events, unique shops and award-winning restaurants, while the countryside features beautiful farms, natural springs and the Ocala National Forest
- Warm, friendly, hometown atmosphere makes it a top-rated place to live in Florida

Entrusting You +  
Collaborating with You +  
Encouraging You +  
Supporting You

### Why Consider Sheridan Healthcare?

Because the way we practice medicine starts with you.

- Sheridan offers a competitive compensation and benefits package including generous base salary and CME, as well as full health benefits and paid malpractice with tail coverage.

### About Ocala Regional Medical Center in Ocala, Florida

- 200-bed facility in the heart of Ocala with a medical staff of over 350 physicians
- Part of Hospital Corporation of America (HCA)
- Full-service facility offering specialized medical services including bariatric surgery, cancer, cardiac and vascular, neurological and rehabilitation services
- 24-bed ED and 5-bed Rapid Treatment, 25% admission rate



To learn more about opportunities at  
**Sheridan's Emergency Medicine Residency Program**  
**CONTACT ME TODAY.**

### Karen London

Senior Clinical Recruiter • Emergency Medicine Division  
1613 N. Harrison Pkwy • Sunrise, FL 33323  
Direct: 954.514.4832 • Fax: 954.851.1860  
Email: Karen.London@shcr.com





— *the* —

# VISUAL JOURNAL of EMERGENCY MEDICINE

Teach through visual scenarios



**Editor-in-Chief:**

**Michael Greenberg, MD, MPH**

*The Visual Journal of Emergency Medicine* publishes image-based case discussions representing the entire core curriculum and subspecialties of clinical emergency medicine. Images include clinical photos, EKGs, ultrasound images, plain radiographs, and representative CT and MR images. Each visual case discussions represents an emergency department scenario and is accompanied by a question and answer set, giving readers a chance to test their knowledge.

Published in a mobile optimized online format, the journal provides a multidisciplinary clinical and educational publishing opportunity for emergency physicians and emergency medicine residents.

Encourage your residents to submit to *The Visual Journal of Emergency Medicine*.

View the easy to use submission template and find out more at [www.journals.elsevier.com/visual-journal-of-emergency-medicine](http://www.journals.elsevier.com/visual-journal-of-emergency-medicine).

View the **free sample copy** today by visiting [bit.ly/visualjournallem](http://bit.ly/visualjournallem) to see what a fantastic teaching tool *The Visual Journal of Emergency Medicine* can be.

[www.journals.elsevier.com/visual-journal-of-emergency-medicine/](http://www.journals.elsevier.com/visual-journal-of-emergency-medicine/)

# Research Division Director and Clinical and Core Faculty, Department of Emergency Medicine

Philadelphia, PA

Einstein Medical Center Philadelphia seeks a highly motivated, dynamic, Board-certified Emergency Physician research expert to lead research within the Department of Emergency Medicine.

Our Research Division has a solid infrastructure developed over the past 20 years. This includes ED Research Associates, clinical research faculty, institutional IRB and multiple site involvement for clinical study enrollment. The opportunity exists for bench and live animal research. Past research areas have included ED Sedation, Toxicology, EMS, ED Operations, ED Quality and Safety, Neuro-Emergencies and others.

Candidates must have fundamental knowledge of research methodology, a history of published manuscripts in peer-reviewed journals, successful track record of extramural funding, and Associate/Full Professor academic qualifications. Track candidates may be considered.

The Department of Emergency Medicine is also seeking clinical and core faculty. Einstein Medical Center Philadelphia Emergency Department is a Level 1 Trauma Center with 100,000 visits per year and has a well-established Residency Program and faculty who are fellowship-trained in EMS, Toxicology and Ultrasound.

A highly competitive compensation package will be offered for qualified candidates.


Candidates should send CV and letter of interest to:

**Jack Kelly, DO, FACEP, FAAEM, FCPP**  
Professor of Emergency Medicine  
Interim Chair, Department of Emergency Medicine  
Einstein Medical Center Philadelphia  
5501 Old York Road  
Philadelphia, PA 19141  
215-456-2461  
kellyj@einstein.edu

EOE

150  
Einstein  
100  
YEARS

 **Einstein**  
HEALTHCARE NETWORK  
More than Medicine



# C O R D

EM

*Academic Assembly*

Insert  
SELF here

*Fort Lauderdale*  
*2017*

Thursday, April 27 - Sunday, April 30