



# Academy Bulletin

## From the Director. . . .

### Save the Dates

- 10/13/11 Academy Educational Scholarship Day and Fall Symposium
- 11/5-9/11: AAMC annual meeting, Denver CO
- 11/5-6/11: Generalists in Medical Education meeting, Denver CO
- 4/12/12: LSUHSC Academy Spring Symposium
- 4/18-21/12: AAMC SGEA annual meeting and Leadership Education and Development certificate program, Lexington KY

Please join us on October 13 for the *Academy Educational Scholarship Day and Fall Symposium*. On pages 3-12 you will find the complete program, including presentation abstracts. This year's Educational Scholarship Day includes the largest collection yet of oral abstracts, poster and demonstration presentations. Among these are the completed 2010-11 projects funded by the Academy Educational Enhanced Grant. Our first graduate of the Academy *Docere Fellowship in Health Professions Education program*, Dr. Bonnie Desselle, will also be presenting the fellowship project that she completed with her colleagues. I think you will find all of these presentations to be interesting, engag-

ing, and thought-provoking. Please join us to interact and celebrate with our colleagues. Congratulations to all!

We are very fortunate to have Dr. Cathy Lazarus and Dr. Nancy Parsley as co-presenters for this plenary session and workshop. Below and on page 2, you can read more about Drs. Lazarus and Parsley and what they have planned for us. Both the plenary session and workshop are open to all LSUHSC faculty. The plenary presentation will also be broadcasted to locations at the School of Dentistry, Earl K. Long Medical Center (Baton Rouge), and University Medical Center (Lafayette). For details about these distance locations, please call 504-568-

2140 or email [ome-rad@lsuhsc.edu](mailto:ome-rad@lsuhsc.edu).

The Academy Spring Symposium will be April 12, 2012, so please mark your calendars now to save the date. Program details will be forthcoming. Elsewhere in this issue you will find news about other achievements, awards, developments, and upcoming opportunities. Please share the Academy Bulletin with colleagues and invite them to the Fall Symposium and Educational Scholarship Day. I look forward to seeing everyone on October 13.



Sheila W. Chauvin, PhD, MED

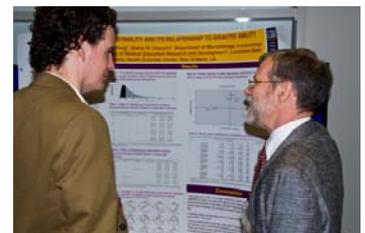
### Inside this issue:

Invited Faculty for Fall Symposium	2
Educational Scholarship Day and Fall Symposium Program	3-12
Member Accomplishments	13-15
Academy Offers CME	16
Opportunity Calls	17

## 2011 Fall Symposium Plenary and Workshop Targets Professionalism Development across the HSC

The Fall Symposium plenary session, *Creating a Culture of Professionalism across the Continuum of Health Professions Education*, will be co-presented by Dr. Cathy Lazarus and Dr. Nancy Parsley. Together, Drs. Lazarus and Parsley will share their expertise and experience in creating a culture of professionalism across a health professions university. The plenary session will lay out a framework for approaching issues and challenge in creating a culture

of professionalism across an institution. The afternoon workshop will build upon this framework and allow participants to discuss and develop ideas and strategies for enhancing a culture of professionalism at LSUHSC. For both the plenary session and workshop, the LSU School of Medicine has designated this live activity for a maximum of 4.25 *AMA PRA Category 1 credits™*.



Poster sessions afford opportunities for discussions with presenters. Terrell Caffery, MD and James Thompson, PhD (*Master Teacher*) discuss his poster presentation during the 2010 Educational Scholarship Day.

## ***Invited Faculty:* Dr. Cathy Lazarus and Dr. Nancy Parsley**

Dr. Cathy Lazarus and Dr. Nancy Parsley worked together as administrative and faculty leaders at Rosalind Franklin University of Medicine and Science, North Chicago, Illinois. Rosalind Franklin University is a health professions university whose mission is inter-professional education for the 2500 students in its Chicago Medical School, Scholl College of Podiatric Medicine, College of Health Professions, Graduate School, and most recently, College of Pharmacy. The University has a number of innovative programs that foster shared values and experiences across disciplines, including an inter-professional university-wide approach to professionalism.



Dr. Lazarus is currently Associate Chief of Staff for Education for the Southeast Louisiana Veterans Health Care System. In that role, she oversees all graduate and undergraduate medical education for the system as well as serving as a principal lead in workforce development planning for Project Legacy, the replacement medical center for the New Orleans Veteran's Affairs Hospital. She is a Professor of Medicine at Tulane University.

Prior to returning to New Orleans in July, 2011, Dr. Lazarus served as Senior Associate Dean for Student Affairs and Medical Education, Professor of Medicine, and Division Chief in General Internal Medicine at Chicago Medical School at Rosalind Franklin University of Medicine and Science. She continues to hold faculty appointments at Chicago Medical School, and at the University of Illinois-Chicago School of Medicine.

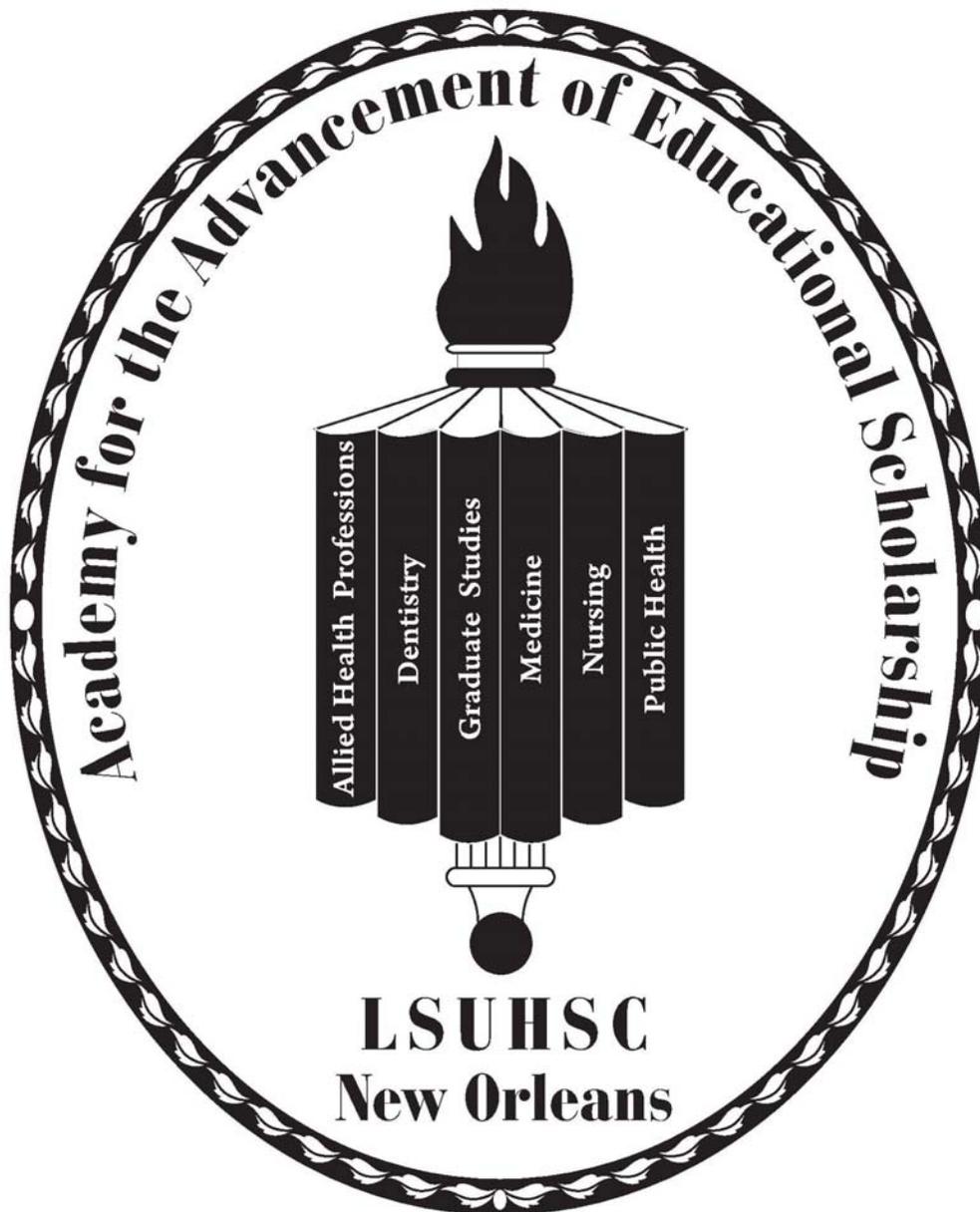
Dr. Lazarus received her MD degree from Washington University School of Medicine in St. Louis, Missouri, where she also completed her internship and residency in internal medicine. She served as a faculty member, Director of the Student and Employee Health Service and Assistant Dean for Student Affairs at the same institution. In 1994, she moved to Tulane University School of Medicine where she was Professor of Medicine, Assistant Dean for Graduate Medical Education, and Associate Chief of Staff for Education at the New Orleans Veterans Affairs Medical Center until she moved to her position in Chicago in 2005. Her professional interests include medical education, medical ethics, communication, professional development, end of life care and women's health. She is a member of the National Board of Medical Examiners and immediate past Chair of the Gold Humanism in Medicine Honor Society National Advisory Council, and is a two-time Leonard Tow Humanism in Medicine award recipient. While at Tulane, Dr. Lazarus was inducted into the School of Medicine Society of Teaching Scholars. Dr. Lazarus has served as Chair of the Generalists in Medical Education Steering Committee.



Dr. Parsley is the Dean of the Dr. William M. Scholl College of Podiatric Medicine at the Rosalind Franklin University of Medicine and Science. She holds a Bachelor of Arts degree in Business Management from Mundelein College and graduate cum laude with a Doctorate in Podiatric Medicine from the same institution where she currently serves as Dean. Dr. Parsley completed three years of podiatric surgical residency training at the Northern Virginia Podiatric Residency program, including post-graduate training in Lower Extremity Reconstructive Plastic Surgery at the Georgetown University Medical Center in Washington, DC. Dr. Parsley recently completed a Masters degree in Health Professions Education at the University of Illinois-Chicago. Her Masters thesis focused on professionalism in podiatric students.

Dr. Parsley has a rich professional background. Upon completing her podiatric medical training, Dr. Parsley joined the United States Congress as a Congressional Fellow in Washington, DC. She then went on to private practice while also becoming a fundamental part of the American Podiatric Medical Association as its Policy and Practice Officer before being promoted to Director of Health Policy and Practice. In 2007, Dr. Parsley returned to the Scholl College of Podiatric Medicine as its Associate Dean for Academic Affairs and Assistant Professor in the Department of Surgery. She continues her clinical practice as a podiatric physician at the Rosalind Franklin University Health System.

Dr. Parsley has served on numerous professional committees and received many honors and awards, including the Scholl College Alumnus of the Year and Presidential Honor in 2003, recognition of the Top 100 Influential Podiatrists in 2007, and honorable mention for the Annual Podiatry Management Lifetime Achievement Award in 2009 and 2010. Dr. Parsley is a member of the American Podiatric Medical Association and the Illinois Podiatric Medical Association.



LSUHSC-NO Academy for the Advancement of Educational Scholarship  
2011 Academy Educational Scholarship Day and Fall Symposium  
Schedule of Events  
Thursday, October 13  
In the  
Isidore Cohn, Jr. Learning Center, LSU-Lions Building, 6<sup>th</sup> Floor



## 2011 Fall Symposium and Educational Scholarship Day

Thursday, October 13

Isidore Cohn, Jr. Learning Center  
6<sup>th</sup> floor, LSU-Lions Building

### AMA Credit Designation Statement

The LSU School of Medicine-New Orleans designates this live activity for a maximum of 4.25 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Accreditation Statement

The LSU School of Medicine-New Orleans is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Time	Program Agenda
8:00 – 8:30 a.m.	Final Poster and Demonstration Set-Up
8:30 – 9:00 a.m.	Registration and Continental Breakfast
9:00 a.m.–11:15 a.m.	<p align="center"><b>Educational Scholarship Day</b>  <b>Oral Abstract and Poster Presentations, Demonstrations</b>  <i>Oral Abstracts begin at 9:00 a.m. Posters and demonstrations follow immediately. (1.0 credit)</i></p>
11:15-11:30 a.m.	Annual Academy Recognition Program
11:30 a.m.– 12:15 p.m.	Lunch Buffet and Networking
12:15 – 1:30 p.m.	<p align="center">Plenary:  <b><i>Creating a Culture of Professionalism across the Continuum of Health Professions Education</i></b>                      (1.25 credits)</p> <p align="center"><b>Cathy J. Lazarus, MD</b>                      Associate Chief of Staff for Education, Southeast Louisiana Veteran's Health Care System, New Orleans and former Senior Associate Dean for Medical Education and Student Affairs, Chicago Medical School, Rosalind Franklin University of Medicine and Science, Chicago, Illinois                      and  <b>Nancy Parsley, DPM</b>                      Dean, Dr. William M. Scholl College of Podiatric Medicine, Rosalind Franklin University of Medicine and Science, Chicago, Illinois</p>
1:45 – 3:45 p.m.	<p align="center">Workshop:  <b><i>Creating Professionalism Culture across Health Professions Education at LSUHSC</i></b> (2.0 credits)  <i>Facilitated by: Cathy J. Lazarus, MD and Nancy Parsley, DPM</i></p>
3:50 – 4:30 p.m.	Academy Business Meeting – <i>Members only</i>

Advanced registration appreciated to plan effectively for materials, lunch and break refreshments.

To register, please email [omerad@lsuhsc.edu](mailto:omerad@lsuhsc.edu) by Thursday, October 6, 2010.

CME certificates will be awarded to physicians. All other participants will receive certificates of participation.

Questions or more information? Please call 504-568-2140 or email [omerad@lsuhsc.edu](mailto:omerad@lsuhsc.edu).

Please share this announcement with your colleagues and invite them to join us on October 13.

LSUHSC-NO Academy for the Advancement of Educational Scholarship  
2011 Educational Scholarship Day  
Thursday, October 13

Isidore Cohn, Jr. Learning Center, LSU-Lions Building, 6<sup>th</sup> Floor

Program	
Oral Abstracts.....	9:00 – 10:00 a.m.
Posters and Demonstrations.....	10:00 – 11:15 a.m.
Academy Recognition Program.....	11:15 p.m.
Lunch follows with additional opportunities to view posters, demonstrations, and interact with presenters and colleagues.	
Plenary Panel Discussion begins at 12:15 p.m. Workshop begins at 1:45 p.m.	

**Oral Abstracts**

Moderated by: Tom Lallier, Ph.D., School of Dentistry,  
Academy Master Teacher and member of the Academy Executive Council

**Laparoscopic Cholecystectomy Simulation-Based Training**  
*2010-11 Academy Educational Enhancement Grant Award*

John Paige, MD, John Hunt, MD, MPH; Alan Marr, MD; Lance Stuke, MD

**Background:** Simulation-based training (SBT) in laparoscopic cholecystectomy (CCY) provides an opportunity for junior residents to learn the procedure in a safe, non-threatening environment without risk to patients. The best method of such teaching is as yet undetermined.

**Description of project/program/innovation:** This research project attempted to determine the most effective manner to teach laparoscopic CCY to junior surgeons by comparing SBT on an inanimate part task (PT) training model with SBT on a virtual reality (VR) machine.

**Methods:** Postgraduate year (PGY) 1 thru 3 general surgical residents (n = 21) underwent training in laparoscopic CCY from January to June, 2011. Training included a didactic component with mental rehearsal of critical steps followed by SBT on either a PT trainer or a VR machine. Training was distributed over a month period with each resident undergoing two identical training sessions. Participants completed pre- and post-session questionnaires containing a 10-item, 5-point Likert-type scale of self-efficacy for performing objectives-related, laparoscopic CCY tasks. Total scale mean scores and mean gain scores for each item were calculated and analyzed using t-test.

**Results:** Of the 21 participants, 19 completed both training sessions (n = 10 PT [PGY 1 = 4, PGY 2 = 4, PGY 3 = 2], n = 9 for VR [PGY 1 = 4, PGY 2 = 3, PGY 3 = 2]). The pre-post training item gain scores averaged 1.16 units. After Bonferroni adjustment, significant gains were present for 9 of 10 items. No significant difference in mean gain scores was observed across trainee groups based on training model used.

**Discussion/Conclusions:** SBT in lap CCY using either a PT or VR model is equally effective in achieving Kirkpatrick Level II effectiveness related to self-efficacy in lap CCY. Future work will look at translation to clinical practice.

**Evidence of other dissemination:** None

Continued on next page.

**Creating Active Learning in Resident Noon Conferences.**

**Bonnie Desselle, MD;** George Hescocock, MD; Robin English, MD; Andrea Hauser, MD; Melissa Roy, MD; Tong Yang, MD; Sheila W. Chauvin, PhD, MEd

**Purpose:** This evaluation study targeted the influence of a faculty development program on using active learning techniques in resident lectures.

**Methods:** Two trained observers assessed each lecture in the resident conference series (three months pre-intervention and three months post-intervention) using an eight-item scale for active learning strategies. Observers also rated the level of questions asked by lecturers using a 5-point scale as shown in table below. One hour faculty development workshops (intervention) were conducted with groups of faculty members approximately one-month prior to their lectures. Pre/post differences were examined using Chi Square statistic.

**Results:** Twenty-one pre-intervention lectures (group 1) were compared to 30 post-intervention lectures (group 2). Of the 30 post-intervention lectures, 20 were conducted by faculty who participated in the workshops (group 2a). Reliability of data was acceptable (Kappa = 0.78, Cronbach's alpha = 0.85). Percentage observed for all 8 items were higher for post-intervention lectures (group 2) than for pre-intervention (group 1). Five were statistically significant ( $p \leq .02$ ): use of questioning, patient problem solving, small group activities, worksheets, and soliciting resident questions. Group 2 was also higher than group 1 for use of quizzes, audience response systems and role play, but not statistically significant. Lectures presented by faculty workshop participants (group 2a) were statistically higher than group 1 (pre) for the same 5 items ( $p \leq .02$ ). Group 2 lecturers had a statistically greater use of higher order questioning compared to group 1 ( $p = .02$ ); similarly Group 2a questions were rated higher than group 1 ( $p = .03$ ) as shown in table below.

Degree of higher order questioning

LEVEL OF QUESTIONING: Lower order questioning $\longrightarrow$ Higher Order Questioning					
Group	No Question Asked	Only Rhetorical Questions	Only Fact Based Questions	Mostly Fact Based, some Thought Provoking Questions	Almost all Thought Provoking Questions
Group 1 (n=42):%	21.4	9.5	28.6	33.3	7.1
Group 2 (n=59):%	3.4	3.4	30.5	52.5	10.2
Group 2a (n=35):%	5.7	0.0	20.0	60.0	14.3

Group 1 vs Group 2,  $p = .02$ ; Group 1 vs 2a,  $p = .03$

**Conclusion:** This faculty development program resulted in significant behavior change in our faculty, as evidenced by increased frequency and level of questions promoting higher order thinking.

**Prior Dissemination:**

- Desselle B, Hescocock G, English R, Hauser A, Roy M, Yang T, Chauvin S. Creating Active Learning in Resident Noon Conferences. Oral Presentation. Southern Society for Pediatric Research. New Orleans, LA. February 2011.
- Desselle B, Hescocock G, English R, Hauser A, Roy M, Yang T, Chauvin S. Evaluation of a faculty development program at increasing residents' active learning in lectures. Accreditation Council of Graduate Medical Education Annual Educational Conference. Nashville, TN. March 2011.
- Desselle B, Hescocock G, English R, Hauser A, Roy M, Yang T, Chauvin S. Impact of Faculty Development on Increasing Residents' Active Learning in Lectures. Association of Pediatric Program Directors Annual Meeting. Miami, FL. April 2011.
- Desselle B, Hescocock G, English R, Hauser A, Roy M, Yang T, Chauvin S. Creating Active Learning in Resident Noon Conferences. Oral Presentation. LSU Department of Pediatrics Research Day Town Hall Meeting. New Orleans, LA. 2011.

**Surgical Intern "Boot Camp"**

**John Morrison, MD;** John Paige, MD

**Background:** Observation is that there is great deficiency in skills and basic crucial knowledge when surgical interns begin their training. With the reduction in work hours and variety of rotations the acquisition of this knowledge is not uniform.

**Description and Methods:** A two day "Boot Camp" was proposed in order to deliver this information. The training consisted of didactics and hands-on skills. Lectures given by surgical staff covered; suture, incisions, biopsy techniques, suturing with knot tying techniques, paperwork, ultrasound basics, electrocautery fundamentals, central lines, drains, chest tubes and laparoscopy basics. The dry lab skills sessions included; suturing, knot tying, bowel anastomosis and ultrasound biopsy. Skills on the second day included; chest tube insertion, opening and closing the abdomen, bowel resection with anastomosis and ostomy creation which was performed on live pigs. Skills acquisition was evaluated and documented. A journal club was held the first night to discuss basic articles on fluid resuscitation. Attendance was mandatory for all interns rotating on general surgery with a total of 20 participants. Evaluations were handed out to assess pre boot camp and post boot camp understanding and comfort level with the basic concepts taught. All participants returned the evaluations and the data collected. Follow up evaluations will be sent to all participants at six months.

**Results:** After the boot camp, nearly all interns felt the training was extremely helpful and felt much more comfortable with the basic skills and principles than they did before the camp.

**Discussion:** Skills identified as crucial for first year level residents were historically obtained in a random fashion and without uniformity. This program was designed to insure the basic information is uniformly covered and evaluated early in the residents' training. Follow up evaluations will assess the usefulness of this program

**Teaching Pharmacology to Dental Students**

**Dennis Paul, PhD**

**Background:** Although dentists have the same prescription licensure as physicians, a less comprehensive pharmacology course for dental students is required than for medical students. Moreover, increasing demands on the dental curriculum have forced us to reduce contact hours. When I was asked to direct our Dental Pharmacology course, students' licensure exam scores in pharmacology were below the national average.

**Intervention:** Rather than teaching a course that is parallel, but less intense than our Medical Pharmacology course, we have developed a course that targets drug classes that are relevant to the practice of dentistry. We stress both the drugs that the dentist will prescribe, as well as the drugs that patients may be taking that will influence their treatment plan. By coordinating with our Pain Management and Oral Medicine courses, we have reduced overlap, while retaining concepts that are important. More importantly, we have incorporated a section on dental relevance to every lecture.

**Result:** Licensure exam scores for pharmacology questions have increased greatly since we instituted these changes. We attribute the increase in performance primarily to an increase in interest in the course.

**Posters and Demonstrations**

**Use of Case Based Method of Instruction in Coursework on Augmentative and Alternative Communication**

**Meher Banajee, PhD**

**Background:** Case based method of instruction uses real or simulated stories or cases to teach students about their field (Merseth, 1991). Cases are typically presented as dilemmas that must be solved (Lombardi, 2007). Background information, charts, graphs, and tables are integrated into the tale or appended. The teacher's goal is to help the students work through the facts, analyze the problem, and consider possible solutions (Flynn and Klein, 2001). This presentation will demonstrate how case based scenarios are used to teach coursework in Augmentative and Alternative Communication (AAC).

**Teaching Method:** The coursework is divided into 2 sections. The first section involves teaching of AAC concepts which includes selection of symbols, vocabulary and access methods. Each class starts with a case study and presentation of facts about the case. This leads to discussion of the problem and some possible solutions. The class ends with theoretical background about the possible solutions.

Case method involves learning by doing, development of analytical, decision-making skills, skills in oral communications, and team work. "It's a rehearsal for life" (Wasserman, 1994). The second section includes application of AAC concepts to different populations (developmental disorders, autism, progressive neurological disorders, etc). Students are divided into groups according to disorders of their interest. They are required to apply AAC concepts to the disorder using a case-based method of instruction where a case study with a dilemma is presented followed by a discussion of the use appropriate AAC methods to resolve the dilemma. Treatment plans including long term goals and short term objectives are developed and presented. Grades are based on the selection of the case study, use of appropriate AAC strategies and development of an intervention plan.

**Result:** Success of this teaching method will be demonstrated using present and past coursework evaluations.

**Prior Dissemination:** This presentation was presented as a poster session during 11<sup>th</sup> Annual Conference of ASHA Special Interest Division 12 (AAC) "Training SLPs as AAC Practitioners" January 24-26, 2011 at Orlando, FL.

**Interdisciplinary Approach to Preparing Baccalaureate Students to Home Health Clinical Experience**

**Kathy Carter RN MSN APRN-BC, PHCNS; Ellen Beyer RN MSN APRN-BC, PHCNS**

**Background:** The purpose of this activity was to alleviate the anxiety of student's perceptions and actions in the home care setting. The Population faculty supervising students in home health identified a need for a "hands on lab experience" live simulation that would help in reducing student's anxiety when visiting client's in the home. On site there is nursing lab and simulation lab but there was a need for a live simulation lab.

Students expressed concern and anxiety, both verbally and in journal entries, about the home health and hospice clinical experiences. Specifically, students reported anxiety related to conducting a physical assessment on a fully clothed patient in the home setting, entering someone else's home and feeling like an intruder, and the issue of the student's personal safety.

**Solution:** The initial pilot was conducted in the Spring of 2008 using the Occupational Therapy apartment for simulation during the skills lab for students Populations clinical. There have been eight apartment simulations conducted since the initial pilot The simulation has developed to include more scenarios that students may encounter in the home.

**Evaluation:** The initial pilot evaluations were positive. Student evaluations since the pilot have been positive. Students have stated that the apartment simulation has decreased their anxiety and fears of going into the home setting in the community. Students have stated that they feel more prepared to deal with unfamiliar situations.

**Conclusions:** Since the Spring of 2008 the Populations faculty has continued to evolve the apartment simulation providing students with the needed experiences that could be encountered in a home visit situation. The simulation is continuing to grow and there are more opportunities for multidisciplinary experiences combining learning with the Occupational Therapy and Physical Therapy students.

Continued on next page.

**Efficiency of Resident-Driven, Faculty-Based Ambulatory Clinics**

Rachel Dawkins, MD; Suzanne LeFevre, MD

**Background:** The common belief is that resident education in the outpatient setting decreases faculty productivity and quality of care. The few studies done in this area seem to support this assumption. In our experiences with a resident-driven, faculty-based, pediatric practice, we postulate that residents enhance both the productivity of the faculty as well as the quality of care delivered. The aim of our project was to look at the efficiency of this type of practice in comparison to similar practices without a resident education component.

**Description of project:** This project evaluated the numbers of patients seen in ambulatory pediatric clinics with and without pediatric residents. **Methods:** The number of patient encounters from Jan 1, 2011 to March 31, 2011 was compared for physicians working with residents full-time, working with residents occasionally or working without residents. The numbers of patients seen was adjusted to the number of clinics held each physician. The observation was performed at Children's Hospital Medical Practice (CHMPC) Kids First clinics that see a high volume of Louisiana Medicaid patients. In addition, a survey was done of the above providers as to their perceptions on the value of residents in the ambulatory setting including questions about their perceived productivity, the residents' impact on quality of care and about qualities, skills, or tools they used when working with residents to keep their clinic efficient.

**Results:** The average patients per clinic session were compared between physicians with residents fulltime and physicians with residents less than 50% of the time. Results were 7.2 patients per session for physicians with residents fulltime versus 7.4 patients per session for physicians with residents less than 50% of the time. The pediatricians participated in a survey of perceptions of having residents in clinic. All pediatricians disagreed or strongly disagreed with the statement: I believe that the presence of pediatric resident(s) in my practice inhibits my ability to see patients in an efficient manner. Only 25% of pediatricians surveyed felt that the presence of pediatric residents in their clinic slows the flow of patients through the clinic. The majority believed that residents improve the quality of care their patients receive (87.5%) and that working with residents would improve their practice (75%). All respondents felt that patients were satisfied with the care they received from the residents, though one respondent wrote that patients are satisfied "as long as I make an appearance."

**Discussion/Conclusion:** The participation of residents in a faculty practice does not decrease efficiency of the clinic. In fact, physicians working with residents fulltime are as productive as physicians who do not always work with residents. In addition, physicians see residents as a valuable asset to their clinics improving both their practice and the quality of care delivered.

Further research on the efficiency and productivity in resident driven clinics should include evaluating the quality of care delivered and patient satisfaction. All of the respondents to the survey have worked with residents at some point. Therefore the perceptions of the usefulness of residents in a pediatric practice may be biased. In the future, we will survey a greater number of physicians in a variety of types of practice as potentially in other fields such as internal medicine and family practice.

**Evidence of other dissemination:** None

**Fourth Year Medical Students as Small Group Facilitators: A Program to Increase their involvement with first year students.**

Robin English, MD; Richard DiCarlo, MD; Sheila W. Chauvin, PhD, MEd

**Background:** The use of senior students to teach more junior students has been a part of some medical schools' curricula for years. Most "students as teachers" programs involve the teaching of history taking and physical examination skills.

**Program Innovation:** We developed and evaluated a program wherein senior medical students serve a different role as small group facilitators for discussions involving ethics, professionalism, and communication. Senior students volunteered to participate as co-facilitators with faculty in the Science and Practice of Medicine 100 course at LSUHSC.

**Methods:** 56 senior students participated over a 3 year period. A training workshop was offered prior to the course. A survey was developed and administered to these students at the end of each year. Faculty co-facilitators and first year students were also surveyed for their perspectives. Qualitative methods involved a constant-comparative content analysis of each of the data sets by three reviewers.

**Results:** All three groups felt the program should continue in the future. Major themes identified by the senior students were improvements in their own teaching and clinical skills and an appreciation of the challenges of small group facilitation and teaching in general. Most first year students and faculty felt that the involvement of the fourth year students was positive. All three groups agreed that the major contributions of the senior students were providing credibility and relevance of the material. The training workshop was deemed beneficial.

**Conclusions:** Senior students can be effective small group facilitators and can contribute significantly to the education of more junior students with respect to medical ethics, professionalism, and communication skills. Training on facilitation skills is important for their success.

**Prior Dissemination:** Oral abstract presentation, Southern Society for Pediatric Research, February 2011; abstract published in the *Journal of Investigative Medicine*.

Continued on next page.

**Measuring Research Self Efficacy Among Medical Students Conducting Summer Research**

Paula Gregory, PhD

**Background:** Self-efficacy theory is a theoretical construct that helps to understand how belief in one's capabilities to perform a particular behavior aimed at a desired result may influence one's performance in that area of. Extensive information is available in self-efficacy theory; simply put self-efficacy is based on the belief that to perform any task successfully, one needs both confidence and competence in the relevant skill set (1). The literature in research training provides a well developed construct, the Clinical Research Appraisal Inventory (CRAI) which is designed to measure self-efficacy in areas of biomedical/clinical research (2).

**Methods:** We have adapted the 92 item CRAI to be more appropriate for medical students conducting short term research, making a 40 item scale. Measuring the medical students' research self efficacy (RSE) can help us understand why they choose, persist in, and achieve confidence in a research career. Students rated their confidence in several areas, including conceptualizing a study, designing a study, interpreting and presenting data. Medical students and MD/PhD students participated in the survey.

**Results:** Interestingly, there was no significant difference in their responses. Overall, the students felt least confident planning a research study and designing a research study, which is consistent with published data. These data may reflect differences in the background of the students or their previous research experience or both.

**Conclusions:** While further study is needed in order to validate these preliminary results; however, they provide insight into programmatic content that can be strengthened. This new inventory scale will be of value to other NIH-funded summer research programs throughout the country; we will disseminate our findings via publication and direct contact with program directors.

**The Benefit of a Standardized Simulation-Based Approach to Teaching Ultrasound-Guided Central Venous Access**

2010-11 Academy Educational Enhancement Grant Award

Tonya Jagneaux, MD,FCCP, Terrell Caffery, MD, RDMS

**Background/Description:** Simulation-based education for ultrasound-guided central venous access (UGCVA) has increased competency and reduced complications associated with this procedure (Barsuk, CritCareMed, 2009). Study specific aims were to evaluate the efficacy of (1) a standardized simulation-based UGCVA education protocol at LSUHSC-Baton Rouge, and (2) a novel oblique approach (NOA) to UGCVA.

**Methods:** Internal and emergency medicine residents underwent pre-training evaluations with self-assessment questionnaires, written and skills exams. Training sessions subsequently occurred utilizing video, lectures, and skills training on simulators. Post training, residents completed repeat written and skills exams and post-assessment questionnaires. Residents' consent for including performance data in research analyses equaled 67.

**Results:** Written exam scores (maximum 20) improved from pre-training [M=16.248, CI 15.758-16.738] to post training [M=19.210, CI 18.988-19.432], ( $p<0.0001$ ). Skills exam scores (maximum 16) improved from pre-training [M=11.838 [CI 11.264-12.412] to post training [M=14.255, CI 13.923-14.587], ( $p<0.0001$ ). Junior residents improved more than senior residents in written and skills exams ( $p<0.009$ ). Analyses of specific skills revealed reductions in: (1) skin to vein time from 44.6 [CI 27.6-61.7] to 21.2 [CI 10.7-31.6] seconds ( $p<0.029$ ), (2) number of attempts required for venous puncture ( $p<0.003$ ), and (3) arterial punctures (6 pre-training, 0 post-training;  $p<0.03$ ). The transverse approach remained the favored method, followed by NOA, and finally longitudinal approach. A significant number of residents switched to NOA as a first approach in post assessment ( $p<0.0391$ ). Following training, residents' self-confidence increased [M difference =0.72, SD=0.588,  $p<0.0001$ ], and course opinion increased [M difference =0.41, SD=0.56,  $p<0.0001$ ] on a five-point scale.

**Conclusions:** Residents attending the teaching protocol for UGCVA improved their knowledge base, procedural skills, and self-confidence. We attribute these improvements to multimodality teaching, and skills training with simulation.

**Prior Dissemination:** Earl K. Long Research Day, May 5, 2011

**Scholarly publishing in education among Academy members – what is the impact?**

Maureen Knapp, MA

**Background:** Using bibliometrics to evaluate the impact of scholarly publication is a well-documented and sometimes hotly contested area of research in itself.

**Description:** This poster will visualize publication trends and identify journals publishing educational research by Academy members using bibliometric indicators such as citation maps, h-indices and impact factors.

**Methods:** 1. Use membership roster on Academy webpage to generate a list of publications in education research

2. Analyze publication list using bibliometric tools within the databases Web of Science and Scopus to generate: Citation maps : shows a publication's wider relationships/effect on research. H- index: attempts to measure both the productivity and impact of the published work of a scholar. List of journals in which academy members publish educational research. Those journals' relative impact on field (impact factor)

**Discussions/Conclusions/Implications/Next steps.** Are we making an impact? Possible comparisons include:

Academy member publications outside of educational research (2004 - present) Institutional publication rates (2004-present, non academy members) Longitudinal publication rates (1933-present)

Continued on next page.

### Impact of an Intradisciplinary Case-based Learning Experience on the Knowledge Regarding Professional Roles of Physical Therapy and Physical Therapist Assistant Students

T. Kirk Nelson, PhD, PT; Ha Hoang, MHS, PT; Amelia Leonardi, MHS, PT; Diane Sehr, PT

**Background:** In the clinical environment, intradisciplinary relationships between the physical therapist (PT) and physical therapist assistant (PTA) are very common and vital to quality patient care. However, very little interaction between PT and PTA students occur during the didactic classroom preparation of these professionals. The attitudes and perceptions of the professional roles of each of these professions by the respective other begin early in the educational process and are often found to be negative.

**Description of project/program/innovation:** This study investigated the implementation of a case-based learning (CBL) experience with PT and PTA students focusing on the different professional roles in physical therapy.

**Methods :** A mixed-method design was utilized with pre- and post-test survey results analyzed for items inquiring about confidence of knowledge levels of students in seven different aspects of the PT and PTA relationship and professional roles. Responses to open-ended questions were analyzed qualitatively to ascertain the perceived effectiveness of the CBL experience by the participating students. Non-parametric descriptive and correlational statistical methods were used to analyze the survey results.

**Results:** The results of the PT students showed a large change in perceived knowledge in all of the seven categories with the greatest change occurring in categories pertaining to the laws for supervision and delegation of patient care to the PTA. As hypothesized, the survey results of the PTA students had minimal change much from pre- to post-test due to the fact that the PTA students reported a higher level of knowledge regarding the professional roles and responsibilities of the PT and PTA prior to the learning experience. This is consistent with the academic preparation of the PTA students since their whole profession is reliant upon the interaction between the PT and PTA. The findings of the open-ended questions from all students indicated a high level of satisfaction and knowledge gained through the experience.

**Discussion/Conclusions:** The findings of this study support the use of a collaborative case-based learning experience with PT and PTA students during their classroom preparation to promote more effective intra-disciplinary patient care.

### Enhancing Residents' Competency for Neonatal Resuscitation Using an Unannounced Simulation-Based Training Program

Jeffrey W. Surcouf, MD; Sheila Chauvin PhD Med; Brian M. Barkemeyer, MD; Tong Yang, MD MS; Raegan Wetzel, MD

**Introduction:** Almost half of pediatric third-year residents state they had never led a resuscitation event. With increasing restrictions on residency work hours and decline in patient volume in some hospitals, there is potential for fewer opportunities. We tested the hypothesis that a mock resuscitation high-fidelity simulation training program would improve participants' confidence and individual performance in neonatal resuscitation.

**Patients and Methods:** Pediatric and Medicine-Pediatric residents at LSUHSC-New Orleans were invited to participate. Upon arrival to an unannounced scenario, residents were given a brief scenario to which they performed resuscitation of the simulator. A debriefing took place and participants then responded to a second scenario with a final reinforcement debriefing. Measures included pre- and post-program self-efficacy questionnaires and trained observer assessments of live and videotaped performance.

**Results:** Statistically significant pre-post gains for self-efficacy were observed for explaining the NRP algorithm ( $p=0.03$ ), four of 10 NRP critical performance indicators ( $p=0.00-0.02$ ) and all three teamwork global judgments ( $p=0.00-0.01$ ). The pre-post gain in overall self-efficacy score was statistically significant ( $p=0.00$ ). With a maximum possible assessment score of 41, the average pre-post gain was 8.28 and statistically significant ( $p<0.001$ ). Results of the video-based assessments revealed statistically significant performance gains ( $p<0.0001$ ). Correlation between live and video-based assessments were strong for pre-post training scenario performances (Pre:  $r=0.64$ ,  $p<0.0001$ ; Post:  $r=0.75$ ,  $p<0.0001$ ).

**Conclusions:** Results revealed high receptivity to immersive, scenario-based training and significant positive gains in self-efficacy and demonstration of critical knowledge, technical, and non-technical skills. Results support potential application to other training targets.

**Prior Dissemination:** Poster presentation at the Society for Simulation in Healthcare (SSH) annual meeting, New Orleans LA, March 2011; Presented as a part of an invited symposium at the American Educational Research Association (AERA) annual meeting, Division I: Education in the Professions, New Orleans LA, April 2011; Manuscript in review for *Teaching and Learning in Medicine*.

Continued on next page.

**Performance Improvement Projects: A Framework for Curriculum Development**

**Richard Tejedor, MD**

**Background:** The ACGME requires learner engagement in performance improvement projects. A variety of projects can meet these requirements including (e.g., validation using evidence-based medicine, improvement of an institutional process or a patient management issue, or identification of a performance gap) but little guidance is available for how to teach such skills.

**Description of innovation:** An educational framework was developed as a structured teaching/learning approach for teaching residents/fellows based on national quality guidelines and peer-reviewed literature.

Core principles in the educational framework include the following:

Importance (e.g., opportunity for improvement)

Scientific Acceptability. Feasibility – Is the plan actionable? (e.g., population, measures, process, data). Recognize absolute performance (e.g., impact, unintended consequences, appropriateness, inclusion/exclusion criteria) Outcome measures preferred over process measures

**Methods:** National Quality Forum and the Physicians Consortium for Performance Improvement publications and peer-reviewed literature were reviewed based on a Medline search. Input from the LSU Interim Louisiana Hospital Quality team also contributed to the framework.

**Results:** Eight articles and 11 guideline documents contributed to designing the educational framework. The draft framework has been endorsed by the Medical Director and Chief of Quality Improvement of the LSU Interim Hospital and will serve as a model for ACGME performance improvement projects. The project has been added to the agenda of a steering committee being formed as a joint effort of the SOM and the Interim Hospital to address the specific need of a performance improvement curriculum (date TBA).

**Discussion/Conclusions:** While preliminary and still being refined, the educational framework reflects a teaching/learning approach that satisfies multiple stakeholders. The framework has potential for use by any resident/fellow program for meeting the ACGME mandate for performance improvement training.

**Linear Mixed Modeling for the Longitudinal Panel Analysis of Pace and Didactic Ability**

**James J. Thompson, PhD; Tong Yang, MD, MS; Sheila W. Chauvin, PhD, MEd**

**Background:** Response time (RT) measurement is a classic topic of interest in educational and psychological assessment. The availability of computerized testing systems has extended this focus in the education domain to include student RTs during conventional examination scenarios. Because time is a relevant variable in the performance analysis of professional behavior, we have initiated studies to describe the nature and extent of individual diversity within the time domain in our educational setting.

**Description/Methods:** For our research, a panel of 183 medical students was followed longitudinally over two academic years and intra-individual distributions of standardized response time (pace) to multiple choice questions was determined. The data could be modeled adequately, including covariates, by linear mixed modeling as instantiated by the LME4 package in R.

**Results:** With Bayesian Information as model selection criterion, individual variation was observed for both correct and incorrect answers as well as courses. Gender had no significant effect on pace. Average pace was poorly predictive of didactic ability, but criterion profile analysis of standardized regression coefficients revealed a close association between level of profile of parameter standard errors and ability. Confirmatory analysis by structural equation modeling confirmed these conclusions.

**Conclusions:** Our results are consistent with the hypothesis that person differences related to didactic performance are more closely associated with trial-to-trial variability in pace over time than absolute pace.

Continued on next page.

**Gender, Group Size and Peer Assessment in a Team-based Learning Psychiatry Clerkship Curriculum****Mark H Townsend, MD**

**Background:** Team-based Learning (TBL) is increasingly used in medical education. Peer feedback is a key TBL component, because it facilitates the learner's understanding that individual effort is associated with the entire group's relative success. It is also a component of students' final grades.

**Description:** Little is known about the effect of gender on team outcome in any setting, and the positive relation between outcome and team size has not been widely replicated in medical education. Based on available research, we hypothesized that both smaller and women-majority groups would show greater self-regard than others.

**Methods:** We examined peer feedback from the 31 teams randomly created for our six-week clerkship in the academic year 2010-2011. We employed a widely used feedback instrument consisting of 12 Likert-like scales in several domains: cooperative and self-directed learning skills, as well as interpersonal relatedness. We assigned a score of 100 to students given perfect marks in all domains by peers.

**Results:** One hundred sixty-six students completed the eight clerkship blocks. Among them, two groups consisted of four students; 17 of five; 11 of six; and one group had seven. Teams containing four or five students regarded themselves more favorably than groups of six or seven ( $t=1.97$ ,  $df=30$ ,  $p<0.05$ ). Although we observed a non-significant trend for majority male teams to rate themselves more negatively ( $t=1.42$ ,  $df=26$ ,  $p=0.08$ ), a significant relation was observed regarding gender disparity. Groups of equal or nearly equal gender balance scored themselves higher than those with relatively unequal numbers of men and women ( $t=2.04$ ,  $df=29$ ,  $p<0.05$ ).

**Conclusions:** Among the 31 teams derived from 166 students, peer self-assessment was negatively affected by larger group size and gender imbalance. While team size and peer evaluation showed the predicted association, our gender results did not support our hypothesis. These data suggest that because gender-disparate groups regard their teammates less positively, they are not only less likely to successfully address group tasks, but also more likely to reduce one another's final grades. Further, prospective work is continuing this academic year, examining the relation among group size, team gender composition, and the final peer evaluations of individual students.

**Prior Dissemination:** Interim findings were presented as a poster at the Annual Meeting of the Team-Based Learning Collaborative, March 2011, Las Vegas, NV. These complete results were presented as a poster at the Association of Directors of Medical Student Education in Psychiatry, June 2011, Savannah, GA.

**Hands-on Workshop Program for Louisiana K-12 schools: Motivating Youth Toward Clinical and Research Careers Focusing on Genetics and the Medical Sciences****Fern Tsien, PhD**

**Background:** We have successfully implemented the LSUHSC/Patrick F. Taylor K-12 Hands-on Genetics Workshop Program for Louisiana science students. The goal is to make health science topics more interesting and accessible, to motivate students to improve their grades as they consider a career in medical research.

**Methods:** The workshops are coordinated with the school teachers to maximize the level of student learning and complement their classroom curriculum and academic level. During field trips at LSUHSC, high school students engage in projects often featured in the popular media such as forensics, and participate in interactive human simulations of cardio-respiratory resuscitations and laparoscopic surgery. Elementary and middle school students isolate DNA from strawberries and manipulate candy twists to simulate chromosome instability during cancer progression.

**Results:** A total of 29 workshops have been held since August of 2009; 17 workshops were held at LSUHSC and 12 at their schools. We have instructed at least 95 elementary students, 140 middle school students, and 530 high school students from a variety of socioeconomic backgrounds. Students complete pre- and post-workshop anonymous surveys. Ninety-eight percent of the students excelled in the post-workshop quiz, compared to 40% before the workshops. Approximately 55% of the post-workshop surveyed high school students decided to participate in summer internship programs, school science fairs, and medical research part-time jobs.

**Conclusions and Future Direction:** As a result of this program, several high school students have worked as summer interns and have won awards for their research work. Long-term studies following the students' academic performance and career choices will determine the efficacy of this program. We expect that this program will increase the students' awareness of career opportunities in the life sciences and motivate them to further their education in undergraduate, graduate, and medical schools.

**Prior Dissemination:** Preliminary work has been presented to the Louisiana Cancer Research Consortium and a manuscript is in preparation.

## Member Accomplishments

Academy members have been busy with their teaching, educator activities, and scholarship in teaching and education. While this list of Academy member teaching and educator accomplishments is not complete, those that are listed give us reason to celebrate and congratulate Academy members.

### Congratulations to all!



Academy Symposia and faculty development workshops provide opportunities for networking and learning from and with each other from across the health professions. New workshops will be offered at the 2012 Spring Symposium — April 12. Please mark your calendars now.

**Robin English, MD**, Teaching Scholar, Academy Executive Council Chair  
*Pediatrics, School of Medicine*

- Was nominated for the Faculty Excellence in Teaching Award by the Aesculapian Society this year.
- Was appointed co-chair of the Research and Scholarship Task Force in COMSEP (Council on Medical Student Education in Pediatrics).
- Co-developed one of the COMSEP workshops titled "*Focus Your Vision for the Future: Scholarship in Pediatric Medical Education*" for the March 2011 annual meeting.
- Presented her paper "*Fourth Year Medical Students as Small Group Facilitators: a Program to Increase Their Involvement with First Year Students*" at the Southern Society for Pediatric Research meeting in February in New Orleans. Abstract 430 was co-authored by **Richard DiCarlo, MD**.
- Collaborated with **Drs. Bonnie Desselle, Jay Hescoock, Andrea Hauser, Melissa Roy, Tong Yang, and Sheila Chauvin** on "*Creating Active Learning in Resident Noon Conferences*." **Desselle** presented the paper at the Southern Society for Pediatric Research meeting, Abstract 429.
- Co-authored a publication with **Marie Weimer, MD** published September 2011 in Med-EdPORTAL titled, *Acute Ataxia in Children—A Series of Cases to Emphasize the Clinical Approach*.

**Maureen "Molly" Knapp, MA**, Fellow  
*Isché Library - School of Medicine*

- Developed and managed a free, self-paced, web-based continuing education class called "*Get Mobilized! An introduction to mobile resources and tools in health sciences libraries*." Held July 18 – October 2, 2011, this national class for health sciences librarians had over 500 participants. Drawing from the experience of health sciences librarians working in the field with direct experience with mobile devices and resources, this course was designed to provide an orientation to developments in the mobile health care market for librarians with no experience with smart phones at all. The course was approved for 6 continuing education credits from the Medical Library Association.

**Kristopher Kaliebe, MD**, Fellow  
*Psychiatry - School of Medicine*

- Presented "Brother's Little Helper: *The Simpson's*" *Satirizes Stimulant Medication as a Response to Childhood Behavior Problems*" at the American Academy of Child and Adolescent Psychiatry annual meeting in NYC in October 2010. The presentation included the use of stimulus video from the episode: Brother's Little Helper, which first aired on television October 3, 1999. These stimulus video clips help frame a discussion about ADHD, childhood behavior disorders, and medication use in response to such challenges. The entire *The Simpson's* episode was also viewed, and the audience was engaged in a discussion. The proposal was accepted, in part, based on many years of positive quantitative and qualitative feedback from LSUHSC who viewed the same material during second year basic science lectures. Kris has been using this material since 2004.

**Jane Sumner, PhD**, Teaching Scholar  
*School of Nursing*

- **Sumner J**. Two cultures, two educations: One nurse educator. *Nurs Educ Perspect*. 2010;31(3):198.

## Member Accomplishments

**Tonya Jagneaux, MD, FCCP, Fellow**  
Pulmonary/Critical Care - Clinical Medicine

Dr. Terrell Caffery (Emergency Medicine) and I have recently completed an Academy sponsored collaborative research project on standardized teaching of ultrasound guided central venous access using simulation. Preliminary results of this project were presented at Earl K. Long Research Day (May 5, 2011). We were also invited to teach the inaugural class of interns at the Baton Rouge General Internal Medicine program, a satellite campus of Tulane Medical School. At present time, we have completed a full course with their entire intern class, in addition to our new 2011-12 intern classes at LSUHSC-Baton Rouge.

**Bonnie Desselle, MD, Teaching Scholar**  
*Pediatrics, School of Medicine*

- Inaugural graduate of the Academy *Docere Fellowship in Health Professions Education*, January 2009-December 2010.
- Desselle B, English R, Hescocock G, Hauser A, Roy M, Yang T, and Chauvin S. *Creating Active Learning in Resident Noon Conferences*. Abstract #429, Presented at the 2011 annual meeting of the Southern Society of Pediatric Research, New Orleans LA.
- Gave a presentation at the Council on Resident Education meeting April 2011. Her talk, titled "*ACGME Annual Conference: Handoffs in the Era of Duty Hour Reform*" was praised by **Charles Hilton, MD**, Associate Dean of Academic Affairs and Academy Teaching Scholar, who called Dr. Desselle a leader for other programs.

**Gloria Giarratano, PhD, Master Teacher**  
*Graduate Nursing - School of Nursing*

- Is the primary investigator of the NIH collaborative study team with other members of LSUHSC Nursing faculty, Tulane Public Health, and Loyola University-Nursing. The team has had numerous abstracts accepted for presentations, Fall 2011 for the study: "*Models of Prenatal Care and Indicators of Health During Recovery from Hurricane Katrina Disaster*".

**Fred Lopez, MD, Teaching Scholar**  
*Internal Medicine, School of Medicine*

- 2011 Aesculapian Award for Excellence in Teaching—Best Faculty, recognized by the Class of 2012

**Richard DiCarlo, MD, Teaching Scholar**  
Internal Medicine – School of Medicine

- In May, the school of medicine's sophomore clinical forums curriculum was selected to be a case study by the AAMC and the Association for Prevention Teaching and Research (APTR). They selected 5 curricula that demonstrate successful integration of disease prevention and Healthy People 2020 objectives into health science education. Our curriculum involves faculty from the School of Medicine, the library, the School of Public Health, and the LSU Health Care Services Division. The final case reports are expected to be publicized in early October.

**John Paige, MD, Master Teacher**  
*Surgery, School of Medicine*

- **Paige JT, Chauvin S.** Louisiana State University Health Sciences Center—New Orleans (LSUHSC-NO) Learning Center: An American College of Surgeons (ACS) Accredited, Comprehensive Education Institute. *J Surg Educ.* 2010;67(6):464-467.



Rodney Hoxsey, MD

*The OMERAD serves as the base of operations for the health sciences center-wide LSUHSC-NO Academy.*



Among the recipients of 2010-11 Educational Enhancement Grant Awards:

Alan Marr, MD, John Paige, MD (*Master Teacher*), Molly Knapp, MS (*Fellow*), and Terrell Caffery, MD



Charles Hilton, MD (*Teaching Scholar, Associate Dean, SOM*) and James Cairo, PhD (Dean, SoPH) chat during the 2011 Spring Symposium

## Member accomplishments

**Judith Gentry, APRN, MSN, OCN, Fellow**  
*Clinical Nursing - School of Nursing*

- Has had her poster "*Preceptor Workshops Interdisciplinary Project for Graduate and Undergraduate Preceptor Education*" accepted as a podium presentation at the 3rd Annual Evidence Based Practice/Research Conference, August 6, 2011, Ochsner Medical Center, and accepted at the Professional Nurse Educators Group 38th Annual Meeting with the theme: Advancing and Empowering Nurse Educators: Charting a Course for the Future in Baltimore, MD October, 2011.



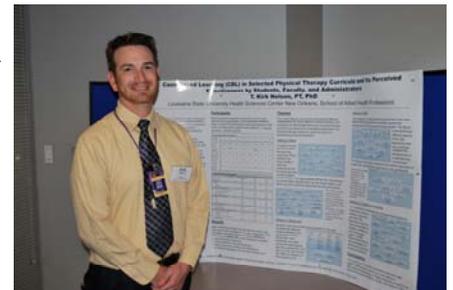
Judith, APRN, MSN, OCN, *Fellow*, and colleague, Laura Bonanno

**Robin McGoey, MD, Master Teacher**  
*Pathology, School of Medicine*

- Named the 2011 inaugural recipient of the Charles Hilton MD ('76) Professorship of Medical Education in the School of Medicine (Dr. Hilton is a Teaching Scholar in the LSUHSC Academy)

**T. Kirk Nelson, PhD, MPT, Fellow**  
*Physical Therapy, School of Allied Health*

- Kirk's research abstract was accepted for a poster presentation at the Louisiana Physical Therapy Association Fall State Meeting in Baton Rouge, LA. The presentation was on Friday, September 16<sup>th</sup>. The title of the project is:  
**Nelson, TK. & Hoang, H. "Impact of an Intradisciplinary Case-based Learning Experience on the Knowledge Regarding Professional Roles of Physical Therapy and Physical Therapist Assistant Students"**



T. Kirk Nelson, PhD, MPT, *Fellow* and Co-Chair of the Academy Executive Council

**Mark H. Townsend, MD, Teaching Scholar**  
*Psychiatry, School of Medicine*

- Named the 2011 George C. Dunn MD Professorship in Psychiatry

**Maria Weimer, MD, Fellow, and Robin English, MD, Teaching Scholar**  
*Pediatrics, School of Medicine*

- Acute Ataxia in Children—A Series of Cases to Emphasize the Clinical Approach. *MedEd-PORTAL*; 2011. Available from: [www.mededportal.org/publication/8387](http://www.mededportal.org/publication/8387).

## Academy Membership Opportunities

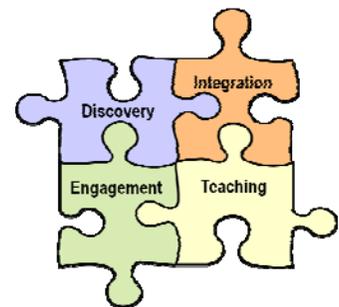
The vitality of the LSUHSC Academy resides within its membership, their active participation, and service. The Academy Executive Council developed a policy regarding expectations that define active membership. The policy was distributed to all members last spring and went into effect July 1, 2011. Specific expectations are defined for each of the membership categories. Complete details are available on the Academy website.

Service on an ad hoc team, review panel, planning group or faculty development presentation are ways in which members can maintain active membership. Currently, we are forming the planning team for the 2012 Spring Symposium and for faculty development workshop presenters and co-presenters. Other opportunities for Academy member service and leadership include the following:

- Academy Advisory Groups

- Educational Enhancement Grant Review Panel
- Mentoring
- Academy Bulletin writing
- Faculty development workshops

Academy members are encouraged to contact Dr. Sheila Chauvin at [omerad@lsuhsc.edu](mailto:omerad@lsuhsc.edu) to volunteer and/or contribute ideas and suggestions.



Four Domains of Scholarship  
 (Boyer, 1990)

## Academy Offering Continuing Medical Education

### Recent Academy Activities offering CME Credit for Participating Physicians

The Office of Continuing Medical Education (CME) became part of the School of Medicine's Office of Medical Education in January 2011 following the dissolution of the independent non-for-profit 501©3 Institute of Professional Education. With the change, the CME office is better positioned to provide activities aligned with the mission, goals and strategic plan for the LSU School of Medicine and LSU Health Sciences Center.

On the heels of the restructuring is the upcoming reaccreditation conducted by the Accreditation Council of Continuing Medical Education (ACCME). The ACCME requires providers to use a set of "common guidelines to identify, develop and promote the standards for quality continuing medical education utilized by physicians to maintain their competence and incorporation of new knowledge to improve quality medical care for patients and their communities." As you may notice, this focus is different than traditional CME that simply imparted knowledge. The revised focus, as with many other healthcare oversight organizations, is on quality and performance improvement that directly impacts patient care.

This is a significant change in how the CME office must approach and plan certified activities. CME providers must develop activities based on fulfilling the needs of their learners as determined by the identified gaps in their practice. The gap is defined as the difference between optimal and current practice. The learners need for the CME activity is determined through various sources including observation, verbalization and expert opinion, and then verified through data from previous evaluations, test results, medical literature and local, state and national quality data sources. This change ensures CME activities focus on solving the "gap" in physician practices and ultimately result in improvements in patient care.

Professional development for faculty members is an important focus at the Medical School and falls within the definition of CME due to the teaching obligations of our physicians. Working in conjunction with the Academy for the Advancement of Educational Scholarship and the Office of Medical Education Research and Development (OMERAD), the CME office has been able to certify recent activities focusing on professional development for faculty members. All non-physician participants receive a certificate of participation. The next Academy event to offer CME credit will be the upcoming Academy Fall Symposium on October 13. The entire program is include in this issue of the Academy Bulletin.

The ACCME requires CME providers to be involved with the early planning stages of every certified activity to ensure all ACCME essential areas and elements are followed when selecting faculty, content, evaluation and adhering to policies for disclosure and conflicts of interest. Next time you see the evaluation question asking "How will you use what you learned today?," spend a few extra moments to reflect and provide a meaningful answer that best describes the impact your new knowledge will have on your practice. This valuable information will assist the CME office in measuring their impact which is essential for continued accreditation.

The CME office is poised to become a valuable resource for our LSU physicians seeking educational opportunities close to home. This becomes especially important as physicians prepare for their specialty board maintenance of certification and are required to satisfy MOC Parts I-IV, including involvement in a quality or performance improvement activity.

The CME office Web site can be viewed at [http://www.medschool.lsuhscc.edu/medical\\_education/CME/](http://www.medschool.lsuhscc.edu/medical_education/CME/) where a list of upcoming CME certified activities is maintained. The office is located in the Isidore Cohn, Jr. Learning Center (LSU-Lions Building, 6th floor, right across the hall from the OMERAD).

**Save the Date!**

**Spring Symposium is April 12, 2011.**

**Faculty development workshops — Plenary session and symposium — Details coming soon.**

## Opportunity Calls: Academy Membership, Mentoring, Educational Enhancement Grants

### New Membership Categories

Two new Academy membership categories were implemented in December 2010. The Associate member category is now available for interested LSUHSC faculty members from Day 1 and throughout their careers at LSU. An abbreviated portfolio application is used and includes the required cover page and structured personal statement templates (available from the Academy website), a curriculum vitae, and one letter of recommendation. The second new category, Protégé, is available for interested residents, clinical fellows, doctoral and post-doctoral candidates. A similar abbreviated application is used and at least one Academy member must agree to serve as the Protégé sponsor/mentor. Of course, the Fellow, Master Teacher, and Teaching Scholar membership categories are still in place. Faculty must be affiliated with LSUHSC for at least two years before applying for any of these three membership categories. The required templates for Educator Portfolio domains are all available from the Academy website and additional guidance and tips have been added to the forms. The expanded Guide is also available from the Academy website. School of Medicine faculty will be glad to learn that the Academy Educator Portfolio was adopted in the spring for the academic advancement review packet.

Faculty members affiliated with LSUHSC-NO for at least two years and interested in applying for membership may apply at any time during the year.

Applications received by the 15th of March, June, September, and December will be reviewed within each subsequent quarter. The same schedule applies for existing Academy members who wish to submit a new application portfolio for a different membership category (i.e., Master Teacher or Teaching Scholar). All faculty members engaged in teaching and interested in advancing their professional development in teaching and educational scholarship are encouraged to consider membership in the Academy. Benefits and opportunities to contribute to the community of educators exist for junior, mid-career, and senior faculty members.

### Educational Enhance Grants

Congratulations to *Master Teachers* Drs. John Paige and Deborah Garbee and their colleagues, Drs. Vadym Rusnak, Richard DiCarlo (Teaching Scholar) and Alan Marr on their EEG award for 2010-11. Their project expands on work done in previous years, also with support from the Academy EEG program. Their 2011-12 project is titled *Teamwork Training of Inter-professional Undergraduate Students*.

The next Call for EEG proposals will be issued in just a few months, so it is not too early to start thinking about a project and working a proposal. The complete 2010-11 Call is still on the Academy website and the new Call will be posted soon. We don't anticipate much revision in the guidelines, if any, so the documents on the Academy website now can be useful.

### Members' Updates and Renewal

Academy members choose to submit an update report in any year, if they wish to have peer review and feedback regarding development and documentation of activities, excellence, and scholarship in teaching and education. This can be very useful for preparing an updated Educator Portfolio application for renewal of Academy membership or for preparing for academic review. Most importantly, regular use of an update report can provide useful feedback for building on prior work in teaching and education and receiving suggestions for both developing and disseminating scholarly work.

On a related note, Academy members who were inducted as the first cohort in 2007 are now in their fifth year of membership and due for submitting renewal membership applications. More information will be forthcoming soon regarding the details. In the meantime, it would be useful to review the new, updated Educator Portfolio templates and Guide to applying for Academy membership if you haven't done so already.

### Faculty Mentoring

An important component of the Academy is to facilitate effective mentoring relationships in teaching and educational scholarship. Faculty who are interested in finding a mentor for teaching/education and those who are willing to mentor others should call or email Dr. Sheila Chauvin (504-568-2140 or [ome-rad@lsuhsc.edu](mailto:ome-rad@lsuhsc.edu)).

Office of Medical Education Research and Development  
Isidore Cohn, Jr. Learning Center, Suite 657  
LSU-Lions Building  
School of Medicine  
New Orleans, LA 70112  
Phone: 504-568-2140  
Fax: 504-599-1453  
omerad@lsuhsc.edu

## OMERAD

***Achieving new visions of excellence through creativity, collaboration, and scholarship.***

The OMERAD was established in the School of Medicine in October 2002. It is a school-wide resource and consultant center for promoting excellence, innovation, research, and scholarship in teaching and education.

The Academy for the Advancement of Educational Scholarship is a health sciences center-wide program of the Chancellor's Office. Conceptualized in 2002, the Academy was established in 2004 as an inter-professional community of scholars. The mission of the Academy is to nurture and recognize excellence, scholarly practice and scholarship in teaching and education through faculty development, advocacy, collaboration, and creativity. The Office of Medical Education Research and Development (OMERAD), School of Medicine, serves as the base of operations for the LSUHSC-NO Academy. To date, 67 faculty members from across the professional schools at LSUHSC-New Orleans have been inducted into the Academy. Membership is based on rigorous peer review of a portfolio-based application. Members can also receive annual peer review and feedback by submitting an annual update report. The Academy provides faculty development resources to the entire LSUHSC-NO community and additional benefits and privileges to its members. A new Guide to Applying for Membership and Educator Portfolio templates were published in the spring 2011. The Guide, portfolio templates and additional information pertaining to the Academy, its programs and benefits are available on the Academy website .

**The Academy website — New items added — Bookmark and check it often.**

**New, shorter web link:**

**[www.learningcenter.lsuhs.edu/academy](http://www.learningcenter.lsuhs.edu/academy)**

Academy Bulletin produced by

Kathy Kerdolff

Molly Knapp

Sheila W. Chauvin, Academy Director

Molly Knapp, MS (Fellow) shares information about the Academy with interested faculty members.

