Opportunities for Faculty
SGEA Steering Committee (April 2015-Spring 2017). Contact Gary Rosenfeld, Gary.C.Rosenfeld@uth.tmc.edu if interested.

- Graduate Medical Education
- Medical Education Scholarship, Research and Evaluation (MESRE)
- Member at large

Medical education expertise database – you can serve as an advisor or advisee. Complete the survey at https://t.co/mUrntjoYys to become an advisor.

SGEA Innovation in Medical Education Award (deadline usually May) – more info to come
To recognize members who have developed an innovative approach to medical education and to support participation of SGEA members in activities that promote educational scholarship, the SGEA will provide one award of $5000 each year to recognize an outstanding innovation in medical education. Innovations which promote collaborative projects across institutions, the health professions, and sections (UGME, GME, CME, and MESRE) will be given extra consideration. This is an award rather than a grant, so the winner may apply the funds wherever they see the greatest need for continued improvement in medical education.

EPAs
UCF COM has a faculty development module for EPAs available at https://t.co/mUrntjoYys
Canadian transition projects that may assist in the development of EPAs:

- Development of linked (UG-PG) learner handover portfolio of student’s strengths and needs
- Post-match “boot camp” (early more focused exposure to discipline matched to) – We currently do this
- Virtual night on call (akin to a series of OSCE stations covering issues residents may be called on to handle during their first night of residency)
- Review of the current entry number and variety of entry level disciplines in the match
- Development of consistent standards for career counseling
- Development of best standards of practice with respect for selection to PG programs
- Needs assessment and survey to PG Deans, program directors and specialty groups regarding transitions from residency to practice
- Development of mentorship programs for entry to practice
- Identifying non-medical expert competencies critical to transitioning from residency to practice that should be included in competency-based curricula

Programs are encouraged to think about which EPAs have the largest gap between expectations on day 1 and residents’ ability to perform without direct supervision as well as the EPAs that will have a major negative consequence for patient outcomes if not addressed before day 1 of residency training. Most participants agreed (top to lowest priority):

1. Recognize an urgent/emergent patient
2. Give or receive patient handover
3. Enter orders/prescriptions
4. Provide documentation
5. Recommend and interpret tests
6. Provide an oral presentation
7. History and physical
8. Differential diagnosis
9. Collaborate with interprofessional team
10. Perform general procedures
11. Obtain informed consent
12. System failures/improvement
13. Form clinical questions/retrieve evidence

**Hidden Curriculum**
Many programs are interested in looking at disruptive innovations in med ed. Some of the things I found interesting:

- Many students were in favor of a universal pre-clinical curriculum where the top professors at each medical school (in the country or region) presented content.

**Implicit Bias**
Dr. Banaji from Harvard challenged the audience to think about their own biases and how it impacted the way they worked with students or cared for patients. Some highlights:

- Evidence loses when it conflicts with our expectations
- Implicit bias is a form of modern discrimination – we help people who are like us
- We will never eliminate our bias or students’ bias so the best we can do is to recognize bias to create strategies to mitigate
- Alternate biases improve responses/decisions – best to include diverse stakeholders in decision-making
- Visit project implicit [https://implicit.harvard.edu/implicit/aboutus.html](https://implicit.harvard.edu/implicit/aboutus.html) to test yourself
- Neural images show how we think about people similar or different from us

**Education Continuum/Quality Improvement**
Questions for us – can we turn out student lurkers into learners (part of the team)?
Changes in publishing

Digital tools are being used to:

1. Deliver content (webcasts, new blogs, reviews, opportunities for less formal writing)
2. Enhance content (crowdsourcing, feedback mechanisms)
3. Engage with authors, reviewers and readers
Miscellaneous
Scholarly activity for faculty – single group project aligned with organizational needs=high ROI, should be sustainable (continued with different groups).

Resilience as a competency we develop in ourselves, our students and organizations

Perspective: the problem with the problem of professionalism (Paper). Enhancing professionalism is an important goal of all physicians, both as individuals and as members of educational and institutional communities of practice. Despite a great deal of dialogue and discourse, the medical profession struggles to ensure that all physicians are able to embrace and live the values of professionalism, notwithstanding the myriad stressors present in today’s evolving health care environment. The authors suggest a move beyond the traditional educational paradigms focused on reinforcing rules, providing role models, rewarding right behavior, and removing those who falter, and that we instead view the problem of professionalism as a complex adaptive challenge requiring new learning. Approaching lapses in professionalism as a form of medical error may provide a fresh outlook and may lead to the development of successful strategies to help physicians realize their commitment to the values of professionalism, despite the inevitable challenges that arise throughout their careers. http://www.ncbi.nlm.nih.gov/pubmed/20505405