University of Vermont | Larner College of Medicine
The Teaching Academy

2026 Snow Season Education Retreat

Thursday, January 15 &
Friday, January 16, 2026

PROGRAM

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2026 Snow Season Education Retreat
Program

Thursday, January 15, 2026

TIME	SESSION	LOCATION
1:00 PM	**Welcome** *Katie Huggett, PhD* Teaching Academy Director Assistant Dean for Medical Education	[Zoom Link](#) (Meeting ID: 980 5845 8622)
1:00-2:00 PM	**Plenary** **Becoming: Professional Identity Formation in Medical Education** *Eva Aagaard, MD, FACP* Professor of Medical Education Vice Chancellor for Medical Education Senior Associate Dean for Education Washington University School of Medicine	[Zoom Link](#) (Meeting ID: 980 5845 8622)

BREAK 2:00-2:15 PM

2:15 PM-3:30 PM   1st Breakout Session

A	**A Decade of Intercultural Development: Insights from Ten Years of IDI Data** *Margaret Tandoh, MD, FACS; Leila Amiri, PhD; Tiffany Delaney, MA*	[Zoom Link](#) (Meeting ID: 980 5845 8622)
B	**From Insight to Impact: Strengthening Feedback Conversations** *Talia Glesner, EdD*	[Zoom Link](#) (Meeting ID: 978 3623 2208)
*	**Panel Discussion** (All Retreat participants may attend) **From Classroom to Clinic: Collaborative Insights in Health Education** *Anne Morris, MD; Holly Whitcomb, DNP, APRN, FNP-BC*	[Zoom Link](#) (Meeting ID: 960 1797 7998)

Friday, January 16, 2026

TIME	SESSION	LOCATION
8:00-9:00 AM	• **Poster Session** • **Continental Breakfast**	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center
9:00-9:10 AM	**Welcome** *Katie Huggett, PhD* Teaching Academy Director Assistant Dean for Medical Education	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center

9:10-10:00 AM	**Oral Abstract Presentations**
	Moderator: *Arlene Chung, MD*
	• The Art of Unlearning: Using Visual Thinking Strategies (VTS) to Challenge Bias in Care of Perinatal Patients with Substance Use Disorder (SUD)
	  Jasmine Bazinet-Phillips, MD Candidate, DMSRF; Erin Morris, MD, FACOG
	• Incorporating Coaching in the Moment and Coaching Over Time to Support EPA-based Assessment in Pathology Residency Training
	  Bronwyn Bryant, MD
	• How is Self-Assessment in Orthopaedic Residents Influenced by Video Review of Own Performance? A Qualitative Research Study
	  Stephen Merena, DPM; S. Elizabeth Ames, MD; Chason Ziino, MD
		Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center

BREAK 10:00-10:15 AM

10:15 - 11:30 AM   2nd Breakout session

A	**Checklists vs. Compass: Guiding Learners Towards Professional Identity Development** *Tim Lahey, MD; Sakshi Jasra, MD*	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center
B	**Debriefing: Strategies for Impactful Feedback** *Toshi Uchida, MD; Daniel Ackil, DO, FAAEM, FACEP*	Jost Foundation Room, 4th Floor, Dudley H. Davis Student Center
C	**Saving Lives and Saving Dollars: Strategies for Teaching High Value Care** *Allen Repp, MD; Amanda Kennedy, PharmD, BCPS*	Williams Family Room, 4th Floor, Dudley H. Davis Student Center
*	**APP Educator Track Session: Feedback and Evaluation** (Invited APP Educators only) *Melissa Davidson, MD; Holly Whitcomb, DNP, APRN, FNP-BC*	Chittenden Bank Room, 4th Floor, Dudley H. Davis Student Center

TIME	SESSION	LOCATION
11:30 – 12:00 PM *12:00 – 1:00 PM* 1:00 – 1:30 PM	• **Lunch** • *Teaching Academy Induction and Award Ceremony* • **Poster Session**	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center
11:30 – 1:30 PM	• **APP Educator Track Lunch** (Invited APP Educators only) • **APP Educator Track Session: Objective Driven Teaching** (Invited APP Educators only) *John Wax, MD*	Pick up lunch in Grand Maple Ballroom and proceed to Chittenden Bank Room, 4th Floor, Dudley H. Davis Student Center

1:30 - 2:45 PM   3rd Breakout Session

A	**FoCS Flashbacks: Reinforcing Foundational Concepts in Case-Based Teaching** *Karen Lounsbury, PhD*	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center
B	**Co-Intelligence: Creating AI-Human Alliances to Enhance Medical Education** *Jessica Crothers, MD; Martha Seagrave PA-C, RN; Gordon White*	Jost Foundation Room, 4th Floor, Dudley H. Davis Student Center
C	**Improving Meetings in Academic Medicine: Practical Strategies and Evidence-Based Suggestions** *Christian Pulcini, MD, MEd, MPH, FAAP*	Williams Family Room, 4th Floor, Dudley H. Davis Student Center
*	**APP Educator Track Session: Teaching in the Clinical Moment** (Invited APP Educators only) *Alissa Thomas, MD*	Chittenden Bank Room, 4th Floor, Dudley H. Davis Student Center

BREAK 2:45 – 3:00 PM

TIME	SESSION	LOCATION
3:00 – 4:00 PM	**Teaching with Film** *Steven Schlozman, MD; Nathalie Feldman, MD; Andrea Green, MD*	Grand Maple Ballroom, 4th Floor, Dudley H. Davis Student Center

4:00 PM Conference concludes. Please complete the online evaluation. If you wish to receive CME credit, login to MyCredits and complete the required documentation within 30 days of the retreat.

Plenary Information

Becoming: Professional Identity Formation in Medical Education

Eva Aagaard, MD, FACP
Professor of Medical Education
Vice Chancellor for Medical Education
Senior Associate Dean for Education
Washington University School of Medicine

Eva Aagaard, MD, FACP, is the Carol B. and Jerome T. Loeb Professor of Medical Education, Vice Chancellor for Medical Education, and Vice Dean for Education at Washington University School of Medicine. A practicing general internist, she oversees education across the continuum, including UME, GME, CME, allied health, and graduate training, leading major initiatives such as MD curriculum reform, PhD education redesign, and programs supporting educator development.

Nationally she led development of the Society of General Internal Medicine TEACH Program and partnered to develop the MedEd Scholarship Faculty Development Program. Internationally she developed the Health Education Advanced Leadership Program in Zimbabwe (HEALZ). Dr. Aagaard is a former member of the American Board of Internal Medicine Specialty Board, former Council Member for the Society of General Internal Medicine and participates actively with the National Board of Medical Examiners as a reviewer for licensing exam content. She served as a core member of the Milestones in Internal Medicine Writing Committee and Milestones 2.0, leading to the Next Accreditation System at the Accreditation Council for Graduate Medical Education.

Her interests include curriculum reform, competency-based education, UME-GME transition, and remediation. A passionate mentor and speaker on coaching and sponsorship, she has earned over 16 awards for teaching, clinical excellence, and humanism, including the SGIM Mid-Career Mentoring Award and Washington University Distinguished Faculty Award.

Session Learning Objectives

Plenary
Becoming: Professional Identity Formation in Medical Education
Eva Aagaard, MD, FACP

In this session, Dr Aagaard will discuss professional identity formation both intentional and unintentional. She will discuss forces in society, healthcare, and individual learning environments and how these shape professional identity. Finally, she will discuss implications of these shaping forces including how they do or do not alter professional values and the potential impact our values and behaviors have on the trust we are granted by society and the patients we serve.

Learning Objectives:
1. Define Professional Identity Formation.
2. Describe what is known about how physicians develop their professional identities.
3. Discuss emerging ideas and issues related to Professional Identity Formation.

A Decade of Intercultural Development: Insights from Ten Years of IDI Data
Margaret Tandoh, MD, FACS; Leila Amiri, PhD; Tiffany Delaney, MA

This session presents 10 years of Intercultural Development Inventory (IDI) data, offering a longitudinal view of intercultural development trends across diverse learner backgrounds. Presenters will examine patterns in IDI orientations over time, explore how demographic and contextual factors may shape developmental starting points, and consider how these insights can strengthen advising, coaching, and curricular design. The session emphasizes the responsible interpretation of IDI data and its use as a developmental, not evaluative, tool.

Learning Objectives:
1. Describe the purpose, structure, and developmental foundations of the Intercultural Development Inventory (IDI), including what the instrument measures and how it supports growth.
2. Analyze multi-year IDI trends for incoming students at Larner COM to identify patterns in developmental orientation and potential influences on intercultural growth.
3. Apply best practices for using IDI results as a developmental tool to foster growth, reflection, and professional identity formation while avoiding misuse for selection or high-stakes evaluation.

From Insight to Impact: Strengthening Feedback Conversations
Talia Glesner, EdD

How can we more effectively deliver feedback? In this interactive session, you will learn to use the Situation–Behavior–Impact (SBI)™ model to recognize pitfalls, and practice delivering clear, supportive feedback that strengthens clarity, accountability, and trust in real workplace scenarios.

Learning Objectives:

1. Apply the Situation–Behavior–Impact (SBI)™ model to provide clear, actionable feedback in professional contexts.
2. Analyze examples of feedback delivery to identify and avoid common mistakes that reduce effectiveness.
3. Practice conducting intentional feedback conversations that foster learning and accountability.

Panel Discussion (All Retreat participants may attend)
From Classroom to Clinic: Collaborative Insights in Health Education
Anne Morris, MD; Holly Whitcomb, DNP, APRN, FNP-BC

This interprofessional panel will explore how varying educational pathways, scopes of practice, and clinical roles shape collaboration across healthcare professions, while highlighting opportunities for shared decision-making and mutual respect. Through open dialogue and clarification of common misconceptions, participants will gain practical strategies to strengthen communication and teamwork in both educational and clinical environments.

Learning Objectives:
1. Compare and contrast the educational pathways, required competencies, and accreditation standards for graduate programs in nursing, medicine, and physical therapy to better understand how each profession prepares practitioners for clinical practice.
2. Identify opportunities for effective interprofessional collaboration by examining how scope of practice, communication styles, and clinical roles intersect within patient care settings.
3. Recognize and clarify common misconceptions and myths about the roles and contributions of various health professions to promote accurate understanding and foster more effective collaboration.

Debriefing: Strategies for Impactful Feedback

Toshi Uchida, MD; Daniel Ackil, DO, FAAEM, FACEP

This interactive workshop introduces evidence-based strategies for conducting effective debriefings in simulation-based education. Participants will learn and then practice several techniques to foster reflection, provide constructive feedback, and enhance learner performance.

Learning Objectives:
1. Describe at least two approaches to effective debriefing and feedback in simulation.
2. Apply structured debriefing techniques to guide learner reflection and promote learning.
3. Demonstrate strategies for delivering feedback that promote psychological safety.

Saving Lives and Saving Dollars: Strategies for Teaching High Value Care
Allen Repp, MD; Amanda Kennedy, PharmD, BCPS

Learning Objectives:
1. Explain the importance of teaching high value care.
2. Define the principles of high value, cost-conscious care.

3. Formulate approaches to teaching high value care in didactic settings.
4. Apply practical techniques for teaching high value care at the bedside.
5. Avoid pitfalls in teaching high value care.

Checklists vs. Compass: Guiding Learners Towards Professional Identity Development
Tim Lahey, MD; Sakshi Jasra, MD

In this session we will discuss curricular and other supports for medical student professionalism vs. professional identify formation, and brainstorm together about how LCOM can innovate in its support for medical student professional identify formation.

Learning Objectives:
1. Differentiate curricular and other supports for medical student professionalism vs. professional identity formation.
2. Characterize the current state of LCOM's support for medical student professional identity formation.
3. Propose ways to enhance support for medical student professional identity formation at LCOM.

APP Educator Track Session: Feedback and Evaluation (Invited APP Educators only)
Melissa Davidson, MD; Holly Whitcomb, DNP, APRN, FNP-BC

Participants will be presented with didactic information regarding the components of feedback and formal evaluation in clinical teaching; then through role play will practice giving feedback and writing effective evaluation narratives.

Learning Objectives:
1. Define, describe and distinguish between feedback and evaluation.
2. Discuss challenges of providing effective feedback and evaluations in clinical teaching.
3. Deliver feedback using well-established guidelines for effective feedback, i.e. the ADAPT model for feedback dialog.

APP Educator Track Session: Objective Driven Teaching (Invited APP Educators only)
John Wax, MD

This fun and interactive workshop will help you tailor a clinical experience to individual learners by using objective-based teaching strategies. These skills will help you engage more deeply with your students and successfully elicit feedback on the teaching skills that matter most to you as a clinical educator.

Learning Objectives:
1. Develop a personal library of preceptor-educator learning objectives.
2. Practice communication strategies to elicit impactful learner feedback.
3. Develop a repertoire of questions that help an educator better understand each student's individual learning objectives.

4. Practice linking clinical learning opportunities to individualized learner outcomes.

FoCS Flashbacks: Reinforcing Foundational Concepts in Case-Based Teaching

Karen Lounsbury, PhD

This session examines how Case-Based Learning can be utilized to reinforce foundational concepts while teaching progressively complex patient scenarios. Learn strategies for gathering and inserting longitudinal concept slides that help students build connections to new content, think critically, and achieve lasting comprehension. Scenarios for reinforcement in both classroom and in clinical teaching will be used as examples.

Learning Objectives
1. Compare and contrast repetition vs. reinforcement and outline their effects on learning complex medical concepts in the classroom and in the clinic.
2. Identify opportunities within Case-Based Learning sessions where repetition and reinforcement of foundational concepts can be seamlessly integrated.
3. Discuss the resources for how to apply these strategies in both classroom teaching and within clinical experiences.

Co-Intelligence: Creating AI-Human Alliances to Enhance Medical Education

Jessica Crothers, MD and Martha Seagrave PA-C, RN

Explore how AI tools like large language models and adaptive systems are transforming medical education. This session covers practical applications, ethical considerations, and hands-on strategies for using AI to enhance teaching, learning, and assessment. **Attendees should bring their laptops to the session**.

Learning Objectives:
1. Describe current and emerging applications of artificial intelligence (AI) tools (e.g., large language models, adaptive learning systems, grading support, image analysis) in undergraduate and graduate medical education.
2. Differentiate between the capabilities and limitations of AI technologies relevant to teaching, learning, assessment, and curriculum design.
3. Identify and discuss the potential benefits (e.g., efficiency, personalization, data-driven feedback) and risks (e.g., bias, misinformation, privacy, academic integrity) associated with AI use in educational settings.
4. Demonstrate effective prompting techniques by crafting and refining AI prompts to achieve specific educational outcomes (e.g., generating exam questions, summarizing cases, or creating patient scenarios).
5. Analyze how small changes in wording, context, or structure of a prompt affect the quality, accuracy, and tone of AI-generated output.
6. Evaluate example use cases of AI-assisted educational design to determine when AI tools enhance learning versus when they may undermine critical reasoning or professional skill development.
7. Reflect on institutional and ethical considerations (e.g., transparency, responsible use, data protection, and equity) when integrating AI into medical education.

Acknowledgement: AI was employed to create the initial draft of these objectives.

Improving Meetings in Academic Medicine: Practical Strategies and Evidence-Based Suggestions
Christian Pulcini, MD, MEd, MPH, FAAP

This interactive workshop helps participants develop the skills to plan, lead, and follow up on meetings that are purposeful, efficient, and results oriented. Through practical group exercises and reflection, participants will learn to determine when a meeting is truly necessary, prepare effectively, and facilitate discussions that engage all participants. The session emphasizes realistic, gradual improvement, recognizing that building strong meeting habits takes time and consistent practice.

Learning Objectives:
1. Evaluate whether an individual or standing meeting is truly necessary by identifying when an email, phone call, or other communication method could be more effective.
2. Design and prepare an effective meeting plan, including a focused agenda, appropriate participant list, logistics, and pre- and post-meeting communication.
3. Facilitate and follow up on meetings with confidence, using structured practices such as setting ground rules, assigning roles, managing time, encouraging engagement, and documenting decisions and action items. Improvement will be reflected through peer or team feedback and increased meeting effectiveness over time.

APP Educator Track Session: Teaching in the Clinical Moment (Invited APP Educators only)
Alissa Thomas, MD
In this session, we will discuss how to effectively integrate teaching into the routine clinical care workflow by identifying "teachable moments" and applying teaching frameworks that can be readily implemented in the clinical setting.

Learning Objectives:
1. Discuss foundational principles of effective clinical teaching, including strategies for bedside teaching that engage the learner.
2. Implement structured teaching frameworks into everyday clinical encounters.
3. Select and adapt an appropriate teaching model based on the clinical context, time available, and learner needs.

Teaching with Film

Steven Schlozman, MD; Nathalie Feldman, MD; Andrea Green, MD

Medical education themes often appear in on-screen narratives, both in stories directly related to medicine and in those that are not. This session uses two brief film clips – one depicting bedside teaching in a non-medical context and another showing a clinical interaction – to explore how such narratives can illuminate educational principles.

Learning Objectives:
1. Identify themes relevant to medical education in both medical and non-medical on-screen narratives.
2. Analyze the benefits and challenges of using narratives that directly depict medical practice vs. those that do not.

3. Apply strategies for incorporating film and television clips into teaching to illustrate concepts in medical education.
4. Design a brief teaching activity that integrates a film or television clip to address a specific medical education objective.

CMIE Information

In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this live activity for a maximum of 8.0 *AMA PRA Category 1 Credits* ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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- **We have not received any support for this activity.**

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Inducted January 16, 2026

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Alissa Thomas, MD; Neurological Sciences
Toshiko Uchida, MD; Medicine

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Julie Vieth, MD; Emergency Medicine
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Lauren Bode, PharmD; Family Medicine
Christina Bordeau, DO; Medicine
Sarah Couser, MD, MEd; Pediatrics
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Noah Kolb, MD; Neurological Sciences
Erica Lash, MD; Emergency Medicine
Michael Parker, MD; Surgery
Benjamin Sawatzky, MD; Radiology
Daniel Stratz, MD; Emergency Medicine
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January 2026

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Jillian Sullivan, M.D.
Fatemeh Sweeney, M.D.
Tina Thornton, Ph.D.
Jennifer Todd, M.D.
Sarah Twichell, M.D.
Michael Upton, M.D.
Eline van den Broek-Altenburg, Ph.D.
Constance van Eeghen, Dr.P.H.
Elizabeth Wahlberg, M.D.
Kramer Wahlberg, M.D.
Aaron Wallman-Stokes, M.D.
Stanley Weinberger, III, M.D.
Katie McCoy Wells, M.D.
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Kathryn (KC) Collier, M.D.
Erika Dorff, M.D.
Siba El Hussein, M.D.
Matthew Ferrell, D.O.
Sydney Ferrell, D.O.
Theresa Flanagan, M.D.
Sara Heard, D.O.
Michael Hernandez, M.D.
Caroline Jirka, M.D.
Joshua Kallen, M.D.
Marga Kempner, M.D.
Pooria Khoshnoodi, M.D.
Jenn Liao, M.D.
Natalia Liu, M.D.
Samuel Loren, M.D.
Aurasch Moaven, M.D.
Tessalyn Morrison, M.D.
Aaron O'Brien, M.D.
Jacob Rooker, M.D.
Massoud Saleki, M.D.
Amy Schumer, M.D.
Dhruv Shah, D.O.
Aneta Strumilowska, D.O.
Ryan Thomas, M.D.
Sean Till, M.D.

Aditya Vangala, M.D.

Vall Vinaithirthan, M.D.

Amelia Winter, M.D.

Victoria Zhou, M.D.

Awards for Teaching and Educational Excellence

Conferred at the Teaching Academy Induction and Award Ceremony
on January 16,2026

Teaching Academy Awards

Learner Assessment

Stephen Berns, MD; Department of Family Medicine

Innovation in Curriculum Development or Pedagogy

Lauren Iacono, DO; Department of Pediatrics and Whitney Calkins, MD; Department of Family Medicine

Frederick C. Morin, III, MD Educational Leadership Award

Pamela Gibson, MD; Department of Pathology and Laboratory Medicine

Outstanding Contribution

Victoria Zhou, MD; Department of Emergency Medicine

Distinguished Service Award

Nathalie Feldman, MD; Department of Obstetrics, Gynecology and Reproductive Sciences
Lewis First, MD, MSc; Department of Pediatrics

Medical Group Education Awards

UVMHN Medical Group Educational Scholarship Grant

"EMPACT: Emergency Medicine Palliative and Communication Training"
PI: Erica Lash, MD
Co-I: Sam Paskin, MD
Department of Emergency Medicine

Continuing Medical and Interprofessional Education (CMIE) Educator of the Year

Laurel Plante, MD, FACEP, FAEMS; Department of Emergency Medicine

Graduate Medical Education (GME) Educator of the Year

Santana VanDyke, MD; Department of Medicine

Poster Session Abstracts

1. **Taking the Trauma out of Delivering Rural Cancer Care: A Pilot Quality Improvement Project**

Authors: Joanne Astill-Vaccaro MD; Aron Steward, PhD; Alex Fleming LCSW; Rayanne Canet, LCSW
Category: Quality Improvement

Introduction: Traumatic events are ubiquitous. Almost 90% of US adults have experienced at least one such event, especially those with adverse social circumstances or in rural areas. They have increased medical comorbidities and use of services. Trauma-informed care is an approach that aims to decrease stress and possible re-traumatization.

There is much interest in educating learners about trauma-informed approaches, but less focus on educating and empowering those who are already treating patients with cancer, especially in rural settings.

Cancer diagnosis and treatment may be stressful, more so for those with a prior history of trauma. Additionally, secondary trauma may occur in health professionals, and burden those who treat patients with cancer, leading to compassion fatigue. There has been little information about oncology staff's perceived confidence and comfort in dealing with patients who experience an acute stress reaction during treatment, or how to respond.

Our cancer center is set within a very rural population within the UVMMC Network. Patients presenting for their initial evaluations are not assessed for stress vulnerability during treatment. Radiation oncology personnel requested help to understand "why" patients can have negative reactions to treatment, and how to help, also noting their own distress when this occurs.

Methods: This QI project aimed to improve staff's understanding and confidence in treating cancer patients with stress reactions.

Nine questions assessed staff's baseline understanding and comfort level when patients experienced distress during treatment. After two weeks, staff attended a 45-minute interactive training session, and the questions were re-administered. Trainers were unaware of participants' answers.

Results: Staff showed improvement in recognizing patients with acute stress responses (6/7), identifying at-risk patients (5/7), using tools to help stressed patients (5/7), feeling less distress during patient episodes (4/7), and responding to "flight, freeze, fight" behaviors (4/7).

Discussion: These data suggest there can be an improvement in comfort and confidence levels in rural radiation therapy staff and nurses dealing with stress reactions after a focused training.

OAP FINALIST

2. **The Art of Unlearning: Using Visual Thinking Strategies (VTS) to Challenge Bias in Care of Perinatal Patients with Substance Use Disorder (SUD)**

Authors: Jasmine Bazinet-Phillips, MD-Candidate & DMSRF; Erin Morris, MD, FACOG
Category: Innovation

Background: Accidental overdose and substance misuse are leading causes of maternal mortality in VT. Despite advances in MAT and growing awareness of perinatal SUD, screening is limited. When patients seek care, bias undermines the quality of outcomes.

Innovation: VTS, an art education methodology, developed in the 1990s, by Elizabeth Housen and Philip Yenawine. VTS promotes observation, evidence-based reasoning, and collaborative meaning-making. Based on review of evidenced-based studies, VTS enhances metacognition and awareness of implicit bias. VTS facilitates recognition of preconceived notions, implicit biases, and lapses in judgement, encouraging reflection and reduction of bias.

The innovation is a 60-minute VTS session for OB/gyn clerkship students. Prior to the session students will complete a 15-minute online module: March of Dimes "What can you do about [SUD]." The session includes three visual pieces: Dead Mother (1910) by Egon Schiele; Lived Experience Journey Map (2024) created by the Perinatal Quality Collaborative Vermont (PQC-VT); and the film Recovering Loudly! Ashlee's Story.

Methods: Ob/gyn clerkship students will complete the Best Intentions Questionnaire (BIQ) before and after the session to measure shifts in bias. BIQ is a survey designed in 2010 for healthcare trainees to measure an individual's understanding of their own biases. The survey is validated in prior studies and previously implemented in VTS curricula.

Results and Next Steps: Data from the first group of students (n=14,) will be presented, with results from additional sessions incorporated in future analysis. The team plans to submit future findings to the VTS Journal and for presentation at the 2026 Gold Humanism Summit.

Conclusion: Integrating VTS into OB/gyn Clerkship offers a promising approach to cultivating reflective practice and bias awareness among trainees, key competencies for improving care of perinatal patients.

3. Utilizing Art to Promote Interactive Engagement in Learning Anatomy

Authors: Jenna Bourdeau, MS2; Natalie Tikhomirova, MS2; Anna Ricci, PhD; Abigail Hielscher, PhD
Category: Innovation

Background: Anatomy is one of the most foundational, yet intimidating subjects for medical students. The large volume of information and difficulty visualizing three-dimensional relationships can make it challenging to approach, especially for students encountering the material for the first time. However, the medical student approach to individual studying often prioritizes memorization over spatial understanding and application.

Project Description: Addressing this discrepancy, we designed painting-based, interactive small group sessions as an intervention to increase student engagement, self-efficacy, and positive regard toward anatomy learning to enhance long-term retention. Arts-based methods offer an alternative teaching strategy that reframes learning as active and creative rather than passive or rote. We aimed to utilize this approach to facilitate inclusivity and accessibility in the learning environment, with the goal of improving anatomical knowledge through enhanced motivation and spatial understanding.

Methods: Medical students in their first and second semesters at Larner College of Medicine participated in an optional workshop incorporating stepwise painting of the brachial plexus interspersed with anatomy and clinical correlate reviews. Pre- and post-session labeling quizzes were administered as a measure of short-term knowledge retention.

Results: Paired t-test's were performed for each cohort. Quiz scores demonstrated statistical significance in both cohorts. First-semester students improved by 6.8% (p-value: 0.03) and second-semester by 47% (p-value: 0.007) (Table).

Discussion: Differences in improvement may be attributed to the timing of each session; first-semester students were actively learning the brachial plexus upon session completion, whereas second semester students attended six months after. Limitations may include small samples and sampling bias towards students who are motivated to attend anatomy workshops. In the future, it may be prudent to assess how workshops like these impact scores on standardized tests and long-term retention.

IRB: This study was submitted to the IRB and determined to be exempt. Study #: STUDY00003668.
Disclosures: None

Table

First-year Medical Student Cohort	Average pre-test	Average post-test	One-tailed p-value	Improvement (%)
First Semester (n=16)	13.8	14.8	0.03	6.8
Second Semester (n=8)	8.5	**12.5**	0.0007	47.0
Combined (n=24)	12.0	**14.0**	0.001	16.3

OAP FINALIST

4. Incorporating Coaching in the Moment and Coaching Over Time to support EPA-based assessment in Pathology Residency Training

Author: Bronwyn Bryant, MD
Category: Innovation

Background: Entrustable professional activities (EPAs) are a method of incorporating competency-based assessment into graduate medical education (GME); however, EPAs cannot fulfill their potential without effective training in how to use and deliver EPA-based feedback during clinical encounters and in summative reviews. A coaching approach for feedback has been used successfully for adult learners. Coaching has been applied in GME but has rarely been linked to EPAs.

Innovation: This project leverages Coaching in the Moment (CiM) to support one-time coaching conversations for individual EPA assessments, as well as Coaching Over Time (CoT) to address the longitudinal progression of the learner based on the volume of EPA data. Our goal is to develop and evaluate coaching methodologies within an EPA-focused program.

Methods: EPAs as a workplace-based assessment lends itself well to Coaching in the Moment (CiM) to support one-time conversations for individual EPA assessments, as well as Coaching Over Time (CoT), to address the longitudinal progression of the learner based on the volume of EPA data. Training in coaching conversations will be incorporated into current faculty and resident development materials, and quick-reference trifolds will be provided. Coaching techniques will be added to EPA assessment timepoints.

Results: Faculty development and coaching trifold utilization rates show good interaction with training material. Participating programs completed surveys based on the modified Carney tool to measure coaching to measure satisfaction and effectiveness of coaching training. Survey responses were low and suggest more engagement with CoT versus CiM. Thematic analysis of narrative comments to explore how CoT is used is in progress.

Conclusions and Next steps: Longitudinal coaching was incorporated into end of rotation and semi-annual review, but one-time coaching conversations by faculty were employed sparingly. Continued conversation and socialization of coaching concepts is needed.

IRB: This study was deemed exempt for IRB review based on survey-based research.

5. Student Perspectives on a Novel Health Equity Curriculum

Authors: Elzerie de Jager, MBBS, PhD; Carolyn Siccama, EdD; Thomas Griffin, PhD; Thomas Delaney, PhD; Jan Carney, MD, MPH
Category: Innovation

Background: Health equity is a broad and evolving field. To keep pace, students need a firm grounding in foundational health equity principles and an ability to critique literature, this can then be applied to diverse populations.

Methods: A novel MPH health equity elective course was developed that addressed foundational principles: frameworks, theories, research approaches, and cultural competency. These were applied to population subgroups. As a class three subgroups were examined (African American, Rural, and Low Socioeconomic Status). Each student then examined four of eleven subgroups (LGBTQI+, Veterans, Women, Immigrants and Refugees, etc.). Assessments were scientific article critiques. Students were surveyed using Likert-scale and open-ended questions.

Results: Nine of six students completed the survey (66%). Students strongly agreed that the course learning environment was safe. Students reported that the course challenged their own implicit bias, expanded their thinking, highlighted systemic barriers that they had not previously considered, and broadened their perspectives on what constitutes a marginalized population. Students agreed that the course enabled meaningful discussions about systemic inequities. Students enjoyed being able to tailor the course to their own interests, noted that this allowed for a more personalized and impactful learning experience, and agreed that they were able to apply introductory health equity content to chosen population groups. Students reported learning how to critically analyze scientific articles and strongly agreed that they felt more confident reading and interpreting health equity literature.

Conclusion: A novel curriculum was effective in providing students with foundational health equity principles that were applied to diverse populations.

IRB Exemption for Education (11/1/2024)
Poster Presentation 2025 American Public Health Association Annual Meeting
Nil disclosures

6. Exploring the Relationship Between Medical Student Pre-Clinical Attendance and Professionalism Indicators

Authors: Jessica Fitzgerald, BA; Liz Hunt, MD; Nathalie Feldman, MD
Category: Research

With the development of third-party academic resources and the trend towards non-mandatory attendance in pre-clinical medical education, students have increasing autonomy to choose when, what, and where they learn. As a result, there is rising concern surrounding the outcomes of deciding not to attend class in-person. Previous research has investigated the link between in-person attendance and academic performance, with mixed results. However, little research has evaluated the relationship between attendance and professional development.

As a core physician competency, professionalism is evaluated in many ways in medical education. Historically, attendance has served as a proxy for measures of professionalism such as accountability, reliability, and engagement, yet non-mandatory pre-clinical attendance results in fewer students attending class. The question remains whether in-person attendance is an opportunity for students to develop their professional identities, and further work is needed to evaluate whether attendance behavior impacts professionalism outcomes.

This project explores whether attendance patterns - including daily attendance rates and absences at required curricular events - are associated with professionalism indicators such as exam delays, professionalism concerns and/or professionalism accolades as reported by peers and faculty, and core competency evaluations of professionalism during clinical rotations.

By evaluating these trends over multiple years, this project explores whether attendance behaviors reflect or predict professionalism outcomes at both pre-clinical and clinical levels. Results may clarify whether regular, in-person participation early in medical education supports professionalism development, whether reduced attendance simply limits opportunities for both professionalism recognition or concerns, or whether attendance patterns do not meaningfully impact student professionalism.

Data collection and analysis are ongoing. The results of this project are expected to inform strategies to support professional development and student engagement in the pre-clinical curriculum.

This project was determined to be Non-Human Subjects Research and did not require IRB review. The investigators have no disclosures to report.

Poster Session Abstracts

7. Implementing and Assessing a Novel Curriculum for Interfacility Transports

Authors: Daniel Frederick, RN; Victoria Zhou, MD; Maurice Pauquette, PA; Anastasia Arvin-Diblaso, MS-III; Ryan Mason, MD FAAEM
Category: Innovation

Background: Efficient patient transfers are fundamental to Emergency Medicine (EM), especially throughout a rural multi-state network. The UVM EM Residency Program does not provide education regarding Interfacility Transfer(s) (IFT). Our IFT Curriculum preempts a proposed mandate by the Accreditation Council for Graduate Medical Education (ACGME) for IFT/ EMTALA education in EM Programs and allows our residents to guide simulated complicated transfers.

Description of Innovation: National changes to rural hospitals will increase patient transfers to tertiary centers, the majority originating in Emergency Departments (ED). Despite the complexity of this topic, core EM textbooks only mention the transfer process, and our search uncovered only one IFT curriculum. The development of this curriculum represents a novel and timely opportunity to improve EM education and patient care.

Methods: This 2025 Frymoyer Scholar Program recipient for educational innovation is an iterative process over two years with evaluation as an intrinsic component. The didactic portion of the IFT Curriculum was integrated into existing conferences of the UVM EM residency program in Fall 2025. Complementing the didactics, our team developed four complicated transfer simulations. Information gathered through a post/pre-survey using a Likert scale and guided focus groups will be used to improve the curriculum for the second year. Following the second implementation, another round of post/pre-surveys and focus group data will be collected to further refine the curriculum.

To encourage a multi-disciplinary approach and broaden our feedback pool, Attending EM physicians and Advanced Practice Providers (APP) are invited to participate along with EM residents.

Results: The first round of data collection will be completed in December 2025.

Discussion: This novel IFT Curriculum will equip EM Providers with skills to capably navigate the IFT process, advocating for their patients, improving care for our network and serving as a model for others.

IRB Determination: Exempt

8. Improving Internal Medicine Resident Confidence in Diagnosing and Treating Anxiety

Authors: Gary Gilmind, MD; Krista Buckley, MD; Richard Pinckney, MPD, MPH
Category: Quality Improvement

Introduction: Anxiety disorders are among the most prevalent mental health conditions encountered in the outpatient setting, yet primary care physicians often report limited confidence in their ability to accurately diagnose and manage these disorders.

Objective: This study aims to assess the impact of an intensive educational intervention on internal medicine residents' confidence in diagnosing and treating anxiety disorders and quality of care they deliver.

Methods: Internal medicine residents participated in a structured educational intervention consisting of two separate sessions involving didacts and interactive case-based discussions using evidence-based guidelines for anxiety disorder management. An interdisciplinary team co-created and taught these sessions. Confidence in diagnosis and management of anxiety disorders was measured before and after the intervention on 5-point Likert scales. Quality measures were obtained using chart review of patients prescribed benzodiazepines.

Results: 36 residents completed at least one of the two sessions. There was a statistically significant increase in confidence in diagnosing and managing anxiety disorders. For example, resident confidence in recommending appropriate therapy for specific anxiety disorders increased from a mean Likert score of 3.03 pre-intervention to 4.15 post-intervention (p< 0.01). After the first session, 96% of residents indicated that the education would influence their patient care practices, and this response increased to 100% following the second session. There were no changes in quality measures over the 6 months after the intervention was delivered.

Conclusions: Our findings indicate that a targeted educational intervention focused on anxiety disorder diagnosis and management significantly enhances internal medicine residents' confidence in identifying and treating these conditions. Further refinement of educational strategies is likely needed to better support residents in translating increased confidence into measurable changes in clinical practice.

IRB DETERMINATION: Non-research
No disclosures

9. Barriers to Medical Student Engagement with Professionalism Accolade Processes

Authors: Lindsey Gleason, MS3; Nathalie Feldman, MD
Category: Quality Improvement

Background: The recognition of professional role models validates medical student contributions to the workplace, fostering a sense of belonging and mattering, two vital components of professional identity formation as students transform from medical student to physician. Medical institutions commonly use online reporting systems for submitting professionalism concerns and recognizing professionalism exemplars however much of the data regarding barriers to submission focuses on professionalism concerns. Prior qualitative studies of accolade submission at LCOM revealed a positive impact on both the recipient and the reporter. Despite known positive impacts of accolade reporting, the number of reports remains low amongst medical students.

Project: Primary Objective: To identify barriers to student submission of professionalism accolades in LCOM's existing Learning Environment Report System.

Methods: A mixed methods approach using both quantitative and qualitative survey data (REDCap) disseminated to all medical students at LCOM, followed by focus groups of interested survey participants.

Results: Survey in progress.

Discussion: We aim to identify potential barriers to professionalism accolade submission such that we can implement changes to the reporting process that improve engagement with the online reporting system. Potential barriers may include time restraints, lack of understanding about implications of accolades, inexperience with reporting platform, lack of personal experience with positive outcomes of receiving (and giving) accolades. We hope to empower students to pursue recognition, which ultimately promotes a sense of mattering in LCOM students and contributes to professional identity formation. Next steps may include altering the reporting system to decrease barriers to reporting accolades, such as dedicating time in the didactic years, promoting accolade submission through events, or adding routine widespread outlook calendar reminders for accolade submission.

10. A Structured, Station-Based Curriculum to Improve Surgical Resident Proficiency in Central Venous Catheter Placement

Authors: Molly Greenblat, MS4; Carina Zhang-Petersen, MD; Caroline Jirka, MD; Michael Parker, MD
Category: Innovation

Introduction: Surgical education presents unique challenges and has traditionally relied on an apprenticeship model. Adequate procedural learning, including central line placement, requires balancing stress, autonomy, and opportunity for safe failure. This workshop was designed to enhance resident comfort and competence with central line insertion by addressing the procedure's multistep facets, each of which can be further subdivided into smaller sequential steps to support deliberate technical practice and skill retention.

Methods: Surgical faculty developed a two-hour workshop to address key aspects of central-line training and common areas of difficulty, incorporating the motor learning principle of chunking to provide a standardized, manageable method for practice. The workshop featured an introductory didactic, a simulation portion, and a closing debrief. Learners rotated through four simulation stations, performing hands-on skills with faculty guidance.

Results: Eleven general surgery residents attended the first session. Respondents agreed the session was a valuable use of time and endorsed ability to perform the skills outlined in the session objectives. Confidence was highest for internal jugular access skills, and lowest for subclavian access on a mannequin. Narrative feedback emphasized the value of hands-on practice, preparation and ergonomics, and station-based learning.

Discussion: The workshop provided a structured, low-stress environment for residents new to central line insertion, increasing confidence and readiness for bedside placement. Future iterations should emphasize deliberate practice of procedural steps and incorporate opportunities to reinforce and assess long-term skill retention.

According to policy defining activities which constitute research at University of Vermont/University of Vermont Health Network, this work met criteria for a project that does not require IRB review.

Disclosures: None to report.

Poster Session Abstracts

11. Filling a gap in OBGYN resident education: a pilot curriculum on reproductive rheumatology

Authors: Sara Heard, DO; Isha Vasudeva, MD; Juvena Hitt, MPH; Jeanne Gosselin, MD
Category: Research

Background: Rheumatic disease in patients of reproductive age affects contraceptive choices, fertility, and pregnancy complications. 88% of OBGYN residents reported they felt uncomfortable with the management of patients with rheumatic disease during pregnancy. The Council for Resident Education in Obstetrics and Gynecology Core Curriculum has educational objectives including immune system changes during pregnancy, and effects of pregnancy and maternal/ fetal outcomes related to autoimmune disorders, but there is no formal curriculum for residents. Therefore, improving OBGYN education regarding the care of these patients is an important issue. We aimed to assess the effects of a pilot lecture on OBGYN residents' knowledge and comfort regarding the management of patients with rheumatic disease during pregnancy.
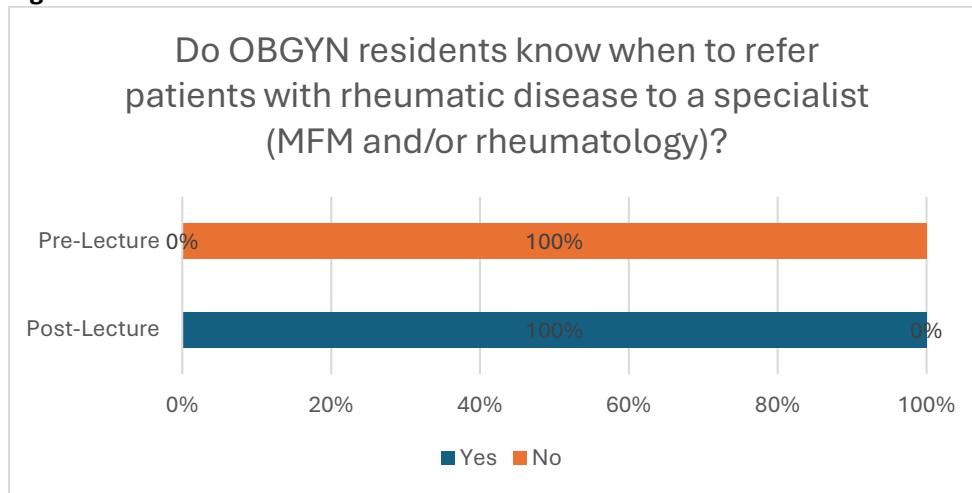
Methods: A REDCap survey was distributed to OBGYN residents (N=17, 9 pre-lecture, 8 post-lecture). They were asked about resources and access to specialist assistance, referrals to MFM and rheumatology, identification of teratogenic medications, and knowledge/skillset regarding the management of patients with rheumatic disease during pregnancy. OBGYN residents then participated in an interactive pilot lecture about reproductive health in rheumatic disease, and pre and post lecture survey results were compared.

Results: The percentage of residents who knew when to refer patients to MFM and/or rheumatology increased from 0% to 100%, those who could identify teratogenic medications increased from 33% to 88%, and those who felt they had adequate resources and access to specialist assistance increased from 78% to 100%. Post-intervention data showed an increase in percentage of residents who had the knowledge, skillset, and resources to manage patients with rheumatic disease during pregnancy, from 0% to 63%.
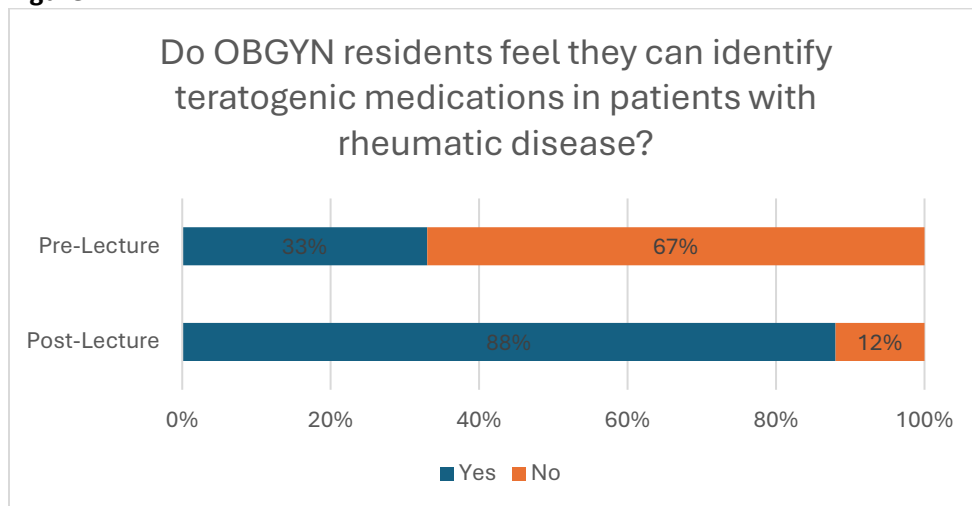
Conclusion: We implemented an effective educational intervention that improved OBGYN residents' knowledge of and comfort with the management of patients with rheumatic disease during pregnancy. Next steps involve expanding this pilot lecture to develop a longitudinal reproductive rheumatology curriculum for OBGYN residents.

Poster Session Abstracts

Figure 1:

Do OBGYN residents know when to refer patients with rheumatic disease to a specialist (MFM and/or rheumatology)?

Pre-Lecture: 0% | No 100%
Post-Lecture: Yes 100% | 0%

Legend: ■ Yes ■ No

Figure 2:

Do OBGYN residents feel they can identify teratogenic medications in patients with rheumatic disease?

Pre-Lecture: Yes 33% | No 67%
Post-Lecture: Yes 88% | No 12%

Legend: ■ Yes ■ No

IRB Determination – Exempt.

Previous Dissemination - A portion of this project was presented as a poster presentation at the American College of Rheumatology Convergence Meeting in Chicago on 10/28/25.

Disclosures - We have no financial disclosures.

12. Embedding Board-Style Questions into the Pre-Clinical Curriculum: An Opportunity for Improving Step 1 Readiness

Authors: Kristin Karpowicz, MS4; Andrew Hale, MD
Category: Innovation

Background: The transition of Step 1 to pass/fail grading has prompted medical schools to reevaluate the balance of traditional curriculum and board-specific preparation. Increasing Step 1 failure rates nationally demonstrate the need for more robust integration of board preparation resources into pre-clinical coursework. While commercial question banks are commonly used by students, limited data exist on their structured integration within existing medical school curriculum. However, early reports from other institutions show promising student outcomes. This project aimed to integrate the UWorld question bank into the Cardiology, Respiratory, and Renal (CRR) course for second-year medical students at the University of Vermont Larner College of Medicine, providing curated, board-style questions aligned with established course learning objectives.

Methods: Fifty-four active learning sessions in CRR were reviewed to identify relevant learning objectives. UWorld questions were filtered by topic, reviewed for content alignment, and assigned to corresponding sessions to create individual 5-10 question UWorld quizzes for each CRR session. Finalized quizzes were distributed to students via email the weekend prior to each session. The UWorld quizzes were optional and ungraded. Student participation and performance metrics were tracked through the UWorld platform. Final analysis will compare student utilization rates, quiz performance, and course exam scores between UWorld users versus non-users, and qualitative responses from students on how well the quiz integration worked.

Results: CRR completes on November 2, 2025. We will not have results data until we obtain course feedback data after that date. Results are to be determined at this time.

Conclusions: Integrating UWorld into an established pre-clinical curriculum is feasible. We will finalize our discussion based on the results we obtain once we have final course feedback.

Disclosures: No IRB approval was needed for this project. There has been no prior dissemination of this work. The authors have no disclosures to make.

Poster Session Abstracts

13. Using Checklists as an Inclusive Model for Instructional Design Strategy

Authors: Shamima Khan, MBA, PhD; Jan Carney, MD, MPH; Thomas Delaney, PhD; Thomas Griffin, PhD; Kianna Darioosh, MS1; Chris Zuidema, PhD; Carolyn Siccama, EdD
Category: Quality Improvement

Background: Students enrolled in asynchronous online courses need to self-regulate and utilize appropriate executive functioning skills to be successful. Literature suggests that these skills are known predictors of achievement in online asynchronous courses. However, students new to online learning, or who consider themselves neurodivergent learners, may find it difficult to keep themselves organized in an online learning environment.

Description of project: To address this void and support a more inclusive approach to instructional design, a module completion checklist was designed and implemented across all courses within an existing online graduate public health program.

Methods: We designed and implemented a standardized public health course shell that included a module completion checklist for each module of each course. Three semesters of checklist usage data were available for reporting.

Results: We found that in the 36+ courses, 100% of students used the checklists. That means each student clicked at least one item on the checklist. Checklist usage was consistent when comparing student activity for Spring vs. Fall terms for 5 core public health courses.

Discussion & Conclusions: A checklist has many benefits for students and faculty members. Checklists can help students with task initiation, planning, prioritizing, time management, tracking progress, management of complex learning environments, goal setting, self-monitoring and staying motivated. Checklists can also help support students in the transition to new and unfamiliar learning environments. For faculty members, checklists can positively impact faculty workload. Research has shown that courses with checklists resulted in students turning in assignments 2-5 times earlier than those students working without checklists. We plan to describe the results of our analysis of checklist usage for all courses across an online graduate program. This analysis creates opportunities to explore new ways to improve teaching and learning competencies in an online Public Health learning environment.

14. Enhancing Master of Public Health (MPH) Students Readiness to Engage in Scholarship: Are Volunteer Partnerships the Answer?

Authors: Shamima Khan, MBA, PhD; Thomas Delaney, PhD; Thomas Griffin, PhD; Jan Carney, MD, MPH
Category: Research

Background: Creating opportunities for graduate students to enhance their research skills is essential, and an important aspect of nationally accredited public health programs. We evaluated the perspectives of Master of Public Health (MPH) students who volunteered for a mentored research project outside their regular coursework.

Description of project: We evaluated online MPH students' motivations, experiences and recommendations around working on a mentored scoping review project.

Methods: Four students and one faculty mentor initially developed a review project, supported by medical library faculty members, on an emerging public health topic related to obesity. After evaluating several review methodologies, a scoping review approach was selected. Fourteen months into the project, two co-investigators not connected with the scoping review conducted a focus group to document students' experiences, including students' motivation for joining the project, expectations for learning and scholarship, and prior research experience. The online discussion was recorded and transcribed.

Results: A thematic content analysis approach was used by three coders to identify emergent themes, which included students' appreciation for applied learning, enhancement of research concepts, their recognition of diverse skills required for a successful project, and best practices for engaging in scholarship on a volunteer basis.

Discussion & Conclusions: Students viewed this opportunity to enhance their research experience and enhance their resumes. The volunteer nature afforded students a lower-stress environment and time-efficient mechanism to engage in scholarship. Other advantages included opportunities to work closely with individual faculty to learn about scholarship opportunities and explore roles in actively engaging in academic work. Additionally, partnerships with medical library faculty members who specialize in these methodologies are valuable yet often underutilized and not well known to all faculty members and students. This approach allows exploration of scholarship interests and strategies to expand scholarship activities in public health graduate curricula.

OAP FINALIST

15. How is Self-Assessment in Orthopaedic Residents Influenced by Video Review of Own Performance? A Qualitative Research Study

Authors: Stephen Merena, DPM; S. Elizabeth Ames, MD; Chason Ziino, MD
Category: Research

Background: Medical education literature indicates that physicians have difficulty with accurate self-assessment. Accurate self-assessment skills are essential to recognizing deficiencies or gaps in one's knowledge or ability. Graduate medical education is challenged to ensure that surgical residents have appropriate self-assessment skills.

Description: The purpose of this study is to explore the effect of self-video review on orthopaedic resident self-assessment after participating in two types of training events:
1. Technical skills training (TST) session – video from head mounted GoPro.
2. Standardized patient (SP) simulation- video from UVM simulation lab.

Methods: Residents were asked to assess their performance via semi-structured, individual audio recorded interviews at 2 separate timepoints:
1. Immediate post event
2. 6 weeks post event following individual review of their video (private protected time)
Interview recordings were then transcribed and uploaded for analysis into NVivo qualitative research software. A grounded theory approach was applied.

Results: To date this study has included three events (2022,2023,2024). 48 interviews with 13 residents were conducted. 4 primary themes emerged from the data at both the immediate post and 6-week post timepoints:
1. Performing technical, tangible, physical skills
2. Bridging skills
3. Optimizing Communication
4. Reflecting within self
Multiple subthemes were identified. In addition, many residents described the effect of self-video review on their perceived strengths and weaknesses.

Discussion/Conclusions/Lessons Learned (including implications and/or next steps): This study explores the effect of self-video review on the self-assessment skills of orthopedic trainees. Participation allows the resident a chance to reflect on their self-assessment skills and to develop and monitor these skills over time. This may also be used as a tool for faculty to monitor and follow individual residents throughout the orthopedic training program.

IRB Determination: UVM approval- Behavioral study 2546- 7/6/2023.
Please list any previous dissemination: Presentation at the UVM Orthopaedic Research Day 6/20/25.
Disclosures: None

16. Peer Teaching in the Surgical Intensive Care Unit: A Portable Didactic Curriculum

Authors: Daniel Moroney, MD; Bridget Oei, MD; Lou Kirk, MD; Emily Stebbins, MD
Category: Innovation

One of the challenges of teaching in the ICU is the unpredictability of the workday. It can be difficult to get all members of the team in one room for lectures, and interruptions to provide clinical care are not uncommon. Additionally, critical care medicine is a challenging topic to teach: ICU patients present with a wide variety of complex illnesses and injuries, many of which are difficult to explain without the use of visual aids.

With this in mind, we identified core topics in intensive care medicine and created a repository of written, visual, and simulation materials for senior anesthesiology residents to utilize for peer teaching while on rotation. Core topics identified included sepsis, analgesia and sedation, intravenous fluid therapy, and mechanical circulatory support, amongst others. These materials also include cases so learners can apply their knowledge and identify knowledge gaps. The materials prepared were sourced from the Society of Critical Care Anesthesiologists' Resident Guide as well as landmark papers in intensive care. Our intent is that these materials will allow senior residents to engage in more frequent and effective chalk-talk style and even bedside teaching within the busy ICU environment.

Our next steps include surveying both teachers and learners after utilizing materials to assess their effectiveness and impact on their understanding of each topic, the results of which will be available by January 15th, 2026. The repository will be made available on a shared drive easily accessible by network residents in all specialties.

No disclosures.

17. Organizational Partnerships to Improve Student Wellbeing and Meet Accreditation Standards

Authors: Harsimran Multani MS2; Elise Everett, MD; Garth Garrison, MD; Christa Zehle, MD

Background: The LCME is responsible for accrediting medical schools in the United States and Canada that confer M.D. degrees. The LCME ensures that schools meet established standards for quality in areas such as curriculum, faculty qualifications, student support and resources. The reaccreditation process occurs on an eight-year cycle for medical schools and interim reviews and progress reports may be required to address unsatisfactory elements or those requiring monitoring. The Larner College of Medicine underwent a successful LCME reaccreditation in Spring 2021, but was rated unsatisfactory for element 5.11 – study/lounge/storage space/call rooms.

Project: Based on LCOM's Independent Student Analysis data, the adequacy of study and relaxation space, particularly within the clinical sites, was an area noted for improvement by respondents. The medical school student lounge for medical and graduate students had not been renovated in 20 years. Student satisfaction with study and relaxation space on the AAMC Graduation Questionnaire (GQ) had been steadily declining and administration was unable to identify solutions within existing university and clinical facilities.

Methods: Collaboration was essential in addressing student concerns regarding space in support of their wellbeing and their role in patient care.

Results: In 2024 the LCME revised the survey questions focusing on student access to space rather than satisfaction with existing space. Preliminary data from the Larner Student Analysis survey using the new phrasing conducted in the Fall of 2024 indicates that 88% of students agree that they have access to space where they can read about their patients at hospitals/clinical sites.

1,600 square feet of additional space identified to meet the needs of students:
▪ Moved and remodeled student lounge in LCOM Given Building
▪ New Facilities:
      Student Wellness and Fitness Center: promoting health and well-being
      Prayer, Meditation, and Relaxation Space: Supporting mindfulness and spiritual needs
▪ New Clinical Workspaces:
      Identified and furnished a clinical lounge in the UVM Medical Center specifically for medical students
      Ob/Gyn department created a dedicated workroom in the UVM Medical Center for learners
      Other departments working to identify dedicated workroom space in the UVM Medical Center for learners

Conclusions: We are utilizing quantitative methods (AAMC Graduation Questionnaire and internal surveys) and qualitative methods (survey comments, focus groups) to measure the impact of the newly renovated student spaces. This approach helps us assess their effectiveness and identify opportunities for future improvements. Identifying additional student spaces within existing facilities remains a

significant challenge, emphasizing the importance of collaboration across organizations to address this issue.

We anticipate that the new and renovated spaces will:
▪ Address student dissatisfaction and improve survey data
▪ Address students' functional and well-being needs
▪ Facilitate discussions on supporting students throughout their medical journey
▪ Enhance culture, promote a sense of belonging, and improve patient care and workforce development.
▪ Address LCME Element 5.11 citation

Ultimately, these improvements aim to create a more supportive, inclusive, and productive environment for the next generation of medical professionals.

18. Centering Student Experience to Advance Equity in Medical Education: Insights from a Case Study at the Margins of the Curriculum

Author: Cara M. Simone, MA
Category: Quality Improvement

Background: Medical schools nationwide have increased efforts to embed equity, diversity, and inclusion (EDI) within their curricula, yet less attention has been paid to how students actually experience these initiatives or how institutional intent aligns with lived experience. Guided by Critical Race Theory and Transformative Learning Theory, this quality improvement project explored student perspectives on equity-oriented instruction within the pre-clinical curriculum at the Larner College of Medicine (LCOM).

Description of Project/Methods: Using a qualitative case study approach, the project examined three data sources: (1) course evaluation responses to the DEI prompt (2020–2024), (2) institutional documents describing faculty development and curricular changes, and (3) interviews with students underrepresented in medicine (URiM, n = 7). Coding combined deductive and inductive approaches to identify relationships among institutional actions, curricular design, and student reflection. Co-occurrence analysis and cross-case comparison were used to identify thematic convergence and divergence across data sources.

Results: Findings showed growing institutional responsiveness through visible curricular improvements such as inclusive dermatology images, efforts to integrate student driven Social Medicine initiatives, and faculty engagement with equity content. At the same time, students described racial silence, emotional labor during equity discussions, and a need for more consistent institutional follow-through. Moments of affirmation and mentorship promoted belonging and reflection.

Discussion/Conclusions/Lessons Learned: Student reflections suggest that equity-focused learning is most effective when the institution's practices, teaching approaches, and curricular design work in concert. Continued progress will depend on regular opportunities for students to share feedback in more than one format. Adding focus groups or interviews to the course evaluation process could provide deeper insight into how equity-related content is received, especially by URiM students. These approaches would help the Office of Medical Education strengthen responsiveness and maintain equity as an ongoing area of institutional growth.

IRB Determination: This study received approval from the University of Vermont Institutional Review Board (IRB) on June 23, 2025 (Study #STUDY00003585). The project was reviewed under Exemption Category 1 for research conducted in established educational settings involving normal educational practices.

Disclosures: The author declares that (s)he has no relevant or material financial interests that relate to the research described in this paper/poster.

19. A Pediatric Faculty Discussion Forum on Belonging and Inclusion

Authors: Sarah Twichell, MD, MPH; Molly Rideout, MD
Category: Research

Background: While awareness of the need for inclusiveness in medical education continues to expand, many medical educators feel unprepared to discuss racism and other forms of bias in clinical and non-clinical spaces. The aim of this project was to develop and assess a faculty-led discussion-based health equity curriculum.

Methods: We established monthly discussion-based sessions for pediatric faculty covering a range of equity-related topics. Sessions included approximately 15 minutes of education followed by a 30-minute discussion. Program leaders helped identify discussion topics and recruit faculty facilitators. Following one year of the program, participants completed a survey evaluating changes in knowledge, comfort, and skill discussing health equity topics, engagement with materials, and usefulness of sessions using a 5-point Likert scale. Investigators used descriptive statistics to analyze responses.

Results: There were 8 sessions in the study period averaging 16 participants per session, with 50 discrete faculty members participating in at least 1 session. Twenty-three individuals responded to the survey (response rate 46%). Fifty-two percent of participants reported having a 'very much' or 'extreme' increase in knowledge, 48% in comfort with, and 52% in skills discussing health equity based on the sessions. Sixty-nine percent reported discussing health equity topics outside of the sessions, 61% incorporating discussion into their teaching, and 48% into clinical care. Eighty-seven percent reported the sessions as very/extremely useful. (figure 1)
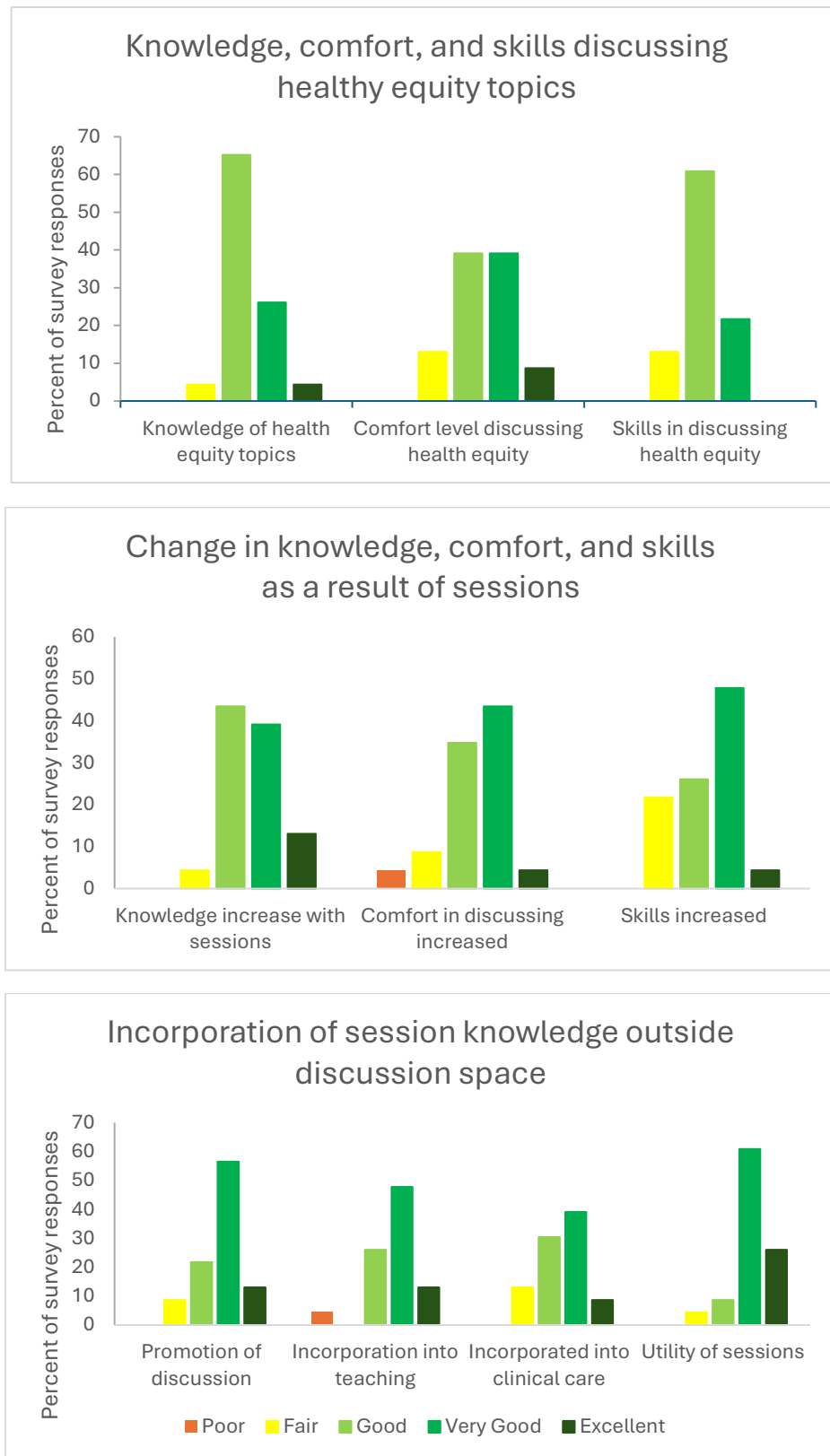
Discussion: Ongoing faculty development on topics of equity and inclusion are critical, particularly as this is an area of continually evolving awareness and need. We found that brief, faculty-led sessions conducted roughly monthly provided a space for discussion and self-reported improvement in knowledge, comfort, and skill in discussing topics related to healthy equity, as well as in incorporation into teaching and clinical care. The structure of these sessions allows for relatively rapid discission of current health equity topics.

- IRB Determination : exempt
- Previous dissemination: not applicable
- Disclosures: none

Figure 1: Survey responses

Knowledge, comfort, and skills discussing healthy equity topics

Change in knowledge, comfort, and skills as a result of sessions

Incorporation of session knowledge outside discussion space

20. Augmented Learning: How Medical Students use AI to Enhance Study and Self-Assessment

Authors: Trevor Watkins, MS4; Harsimran Multani, MS3; Eryney Marrogi, MS3; Garth Garrison, MD

Artificial intelligence (AI) models are rapidly transforming medical education. Tech-savvy students have embraced these tools to enhance their learning and maximize efficiency. This work consolidates the most common and effective uses of AI among medical students, including tracking performance trends to identify strengths and weaknesses, generating flashcards, preparing for interviews, explaining questions, and supporting diagnostic reasoning.

We highlight how students at the Larner College of Medicine have used personal performance data and AI platforms to uncover hidden weaknesses and learning patterns. We also outline how students at any institution can leverage data from third-party resources and in-house materials to generate personalized flashcards, create custom explanations, and better prepare for board exams. Finally, we provide examples of students who have built custom models for interview preparation, used large language models (LLMs) to support clinical reasoning, and more.

21. Finding Community: A Transpersonal Phenomenological Inquiry of the Lived Experiences of Clinician Educators in a Community of Practice

Author: Beth West, EdD, MA
Category: Research

This transpersonal phenomenological dissertation explores the lived experiences of 17 clinician educator members of the Patricia A. Tietjen, MD Teaching Academy (PATMDTA) at Nuvance now Northwell Health. Grounded in Communities of Practice theory and addressing gaps in the literature around clinician educator development within a structured Academy setting, this study seeks to understand how participation may influence professional identity, self-efficacy, and burnout of members.

This novel research centers on PATMDTA scholars' experience within a structured faculty development initiative using multi-phased qualitative methodology and data elicitation techniques. Participants first created rich pictures—visual representations of their lived experiences—which were debriefed. Lively and engaging debriefs served as catalysts for more in-depth semi-structured interviews. Thematic analysis of full transcripts bore 637 distinct codes and four contextual anchors which set the boundaries for discussion of this expansive study: 1) the constant state of teaching and learning within the clinical environment 2) the sometimes-accidental path of becoming a clinician educator, 3) their "LEGO hats" identity, and 4) the universal rewarding nature of teaching. Three overarching themes around personal and professional growth, community and connectedness, and the mitigation of professional burnout emerged. Eighteen subthemes were also identified and explored, including renewed professional identity, overcoming imposter syndrome, educational engagement as a source of resilience, and improved job satisfaction and retention.
Findings suggest that social learning communities of practice can foster meaningful benefits to clinician educator members and enhance institutional culture for non-members around them. Significant implications around organizational change and positive impact on patient care are also explored. Future research will explore this connection with organizational impact and enhanced patient care. Designated exempt by the Nuvance Health and University of Bridgeport's Institutional Review Boards, portions of data were shared as a poster at Nuvance Health's 2025 Belsky Research Day. The author declares no conflicts of interest.

Examples of rich pictures developed as a data elicitation method alongside participant excerpts.

Frank
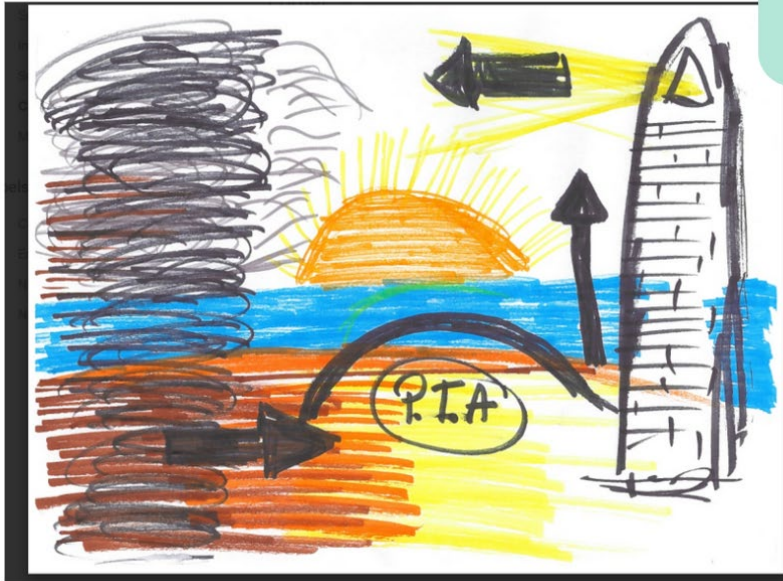
"So here's where I was- weather wasn't that good. This is a beach, by the way. This is a sea- I was in this storm, the way that I see this, this is kind of a pathway the Pat Tietjen Academy provided me, like a little bridge. This is a, what do you call these, lighthouses, right? Yeah, so it's a lighthouse. It gave me this. I learned stuff that I could use. They gave me the lighthouse. It gave me something to see towards the future. So this is exactly how I feel and how the whole experience went for me. I went from a storm to a little bit of peace. That's the sun shining the peace; a little bit of calm, learning something new, feeling better about myself - now I can see the light."

Brianne

"These [faces] represent me before the Teaching Academy and after the Teaching Academy. The blue sad face is before, and this [yellow sun] is after. Now I'm happy, (points to smiley face.) So before going into the Teaching Academy, like I was at a point in my career where there were some toxic people in [area redacted], and I was contemplating, like, looking for another job. And then you guys accepted me. I'm like, 'Well, now I have to stay for at least a year. But it kind of gave me a purpose which was really good, and a place where I feel like I belonged. So, this is my journey through the Teaching Academy."

22. Building a Community of Practice for the Mentors: Evolution of the Patricia A. Tietjen MD Teaching Academy "Mentor Program"

Authors: Haley Wheeler, MA, CCC-SLP, CBIS; Beth West, EdD
Category: Innovation

The Patricia A. Tietjen MD Teaching Academy (PATMDTA) is grounded in social learning theory, establishing a diverse interprofessional Community of Practice (CoP) across Nuvance and Northwell Health over the past five years. In 2024–2025, previous PATMDTA scholars contributed to the launch of the PATMDTA "Mentor Program," designed to foster connections with current scholars and support scholarly project development, consistent with traditional mentor/mentee relationships in health professions education (Ramani et al., 2024).

The program utilized interprofessional mentor/mentee pods; however, year-end qualitative feedback from mentors indicated challenges in meeting due to geographic distance between sites. A major advancement in the 2025–2026 "Mentor Program" is the establishment of regionalized pods with a set meeting schedule throughout the year, connecting mentors and mentees via central hubs to reduce travel burden and promote attendance. Additional feedback highlighted the absence of formal curriculum or training in mentoring, echoing findings from a scoping review of mentoring programs in medicine by Sheri et al., 2019.

This led to the creation of a "Mindful Mentoring Toolkit" by a PATMDTA inaugural scholar. Furthermore, a "Mentors CoP" was established, offering monthly virtual meetings for mentors to collaborate, share resources, and develop mentorship skills. While mentoring programs are widely used in health professions education, medical research, and academia, the focus has typically been on mentee outcomes (Ramani et al., 2024). The PATMDTA "Mentor Program" CoP, in contrast, aims to promote mentor satisfaction, improve scholar retention, and encourage organic mentoring in other environments.

As the second iteration of the program continues, hypothesized outcomes include improved program attendance and increased confidence in mentoring skills. Potential areas for future investigation include assessing confidence in mentoring skills using a validated instrument such as the Mentoring Competency Assessment (Fleming et al., 2013), reflection on professional identity formation, and employee retention.

IRB Determination
N/A. Focus on educational quality improvement, not human subjects research.

Previous Dissemination
None.

Disclosures
No conflicts of interest to disclose.

23. By Students, For Students: Peer-Created Step 1 Resources to Support Exam Preparation and Guide Institutional Improvements

Authors: Amir Zafaranian, MS3; Arya Kale, MS3; Eunice Suberu, MS3; Evelyn Thomas, MS3; Harsimran Multani, MS3; Sulekha Kilas, MS3; Lee Rosen, PhD; Leigh Ann Holterman, PhD

In January 2022, the USMLE Step 1 transitioned from a three-digit score to pass/fail reporting. In 2021, the pass rate was 95%; since the change, it has declined, with the most recent figure at 89% among U.S. and Canadian MD program. Moreover, at the University of Vermont's Larner College of Medicine, 25–30% of students have delayed taking the exam, which is scheduled to occur after 18 months of preclinical education.

In response, a student-led initiative launched to develop peer-created resources and collaborate with the Office of Medical Education to enhance Step 1 preparation. Surveys were distributed to rising third- and fourth-year students to inform the effort.

The survey indicated that only 11% of respondents reported feeling very well prepared by the school, highlighting the need for improved support.

The survey responses guided the creation of a student-generated guide with recommended resources, school-specific tools, and sample study schedules. Survey feedback was also shared with administration to identify strengths and gaps.