



THE ARNOLD P. GOLD FOUNDATION

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*Working to keep the **care** in healthcare*

## **Mapping the Landscape, Journeying Together**

Literature Review Symposium

May 3-5, 2015

Westin O'Hare Airport Hotel, Chicago, IL

## Two Kinds of Intelligence

by Rumi

There are two kinds of intelligence: one acquired,  
as a child in school memorizes facts and concepts  
from books and from what the teacher says,  
collecting information from the traditional sciences  
as well as from the new sciences.

With such intelligence you rise in the world.  
You get ranked ahead or behind others  
in regard to your competence in retaining  
information. You stroll with this intelligence  
in and out of fields of knowledge, getting always more  
marks on your preserving tablets.

There is another kind of tablet, one  
already completed and preserved inside you.  
A spring overflowing its springbox. A freshness  
in the center of the chest. This other intelligence  
does not turn yellow or stagnate. It's fluid,  
and it doesn't move from outside to inside  
through conduits of plumbing-learning.

This second knowing is a fountainhead  
from within you, moving out.



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## Mapping the Landscape, Journeying Together

Literature Review Symposium 2015

May 3-5, Chicago

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### PLANNING COMMITTEE:

Elizabeth Gaufberg, MD, MPH  
Brandy King, MLIS  
Nicole Vander Laan  
Richard Frankel, PhD  
Fred Hafferty, PhD  
Brian Hodges, MD, PhD, FRCPC  
Eric Holmboe, MD, FACP, FRCP  
Tina Martimianakis, PhD

### PROPOSAL SELECTION COMMITTEE PARTICIPANTS:

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Francesca Dwamena, MD, MS, FACP, FAACH  
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Research Intern

With gratitude to the Russell Berrie Foundation and Picker Institute for their support of the Arnold P. Gold Foundation Research Institute.



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Sunday, May 3
Monday, May 4
Tuesday, May 5
Abstracts
Participants

# AGENDA

## SUNDAY, MAY 3

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1:00 PM REGISTRATION

2:00 PM WELCOME – Research Institute Director Liz Gaufberg

2:30 PM WORLD CAFÉ – Liz Gaufberg

3:20 PM BREAK

3:30 PM PRESENTATIONS #1-13

1 – A Guiding Framework to Maximize the Power of the Arts in Medical Education

*Paul Haidet, MD, MPH; Nancy E Adams, MLI; Michael J Green, MD, MS; Jodi Lynn Turner Jareke, DEd, MPD; Dan Shapiro, PhD; Heather L Stuckey, DEd; Cayla R Teal, PhD; Daniel R Wolpaw, MD*

2 – Interactions to Promote Humanistic Role Modeling: A Systematic Review

*Demetri A Blanas, MD, MPH; Mary E Foley, EdD, RN, CHES; Katherine T Chen, MD, MPD; Pauline S Beam, MLS, BSN; Carolyn M Bancroft, MPH; Andrew Maritato, MD; Reena Karani, MD, MPHE*

3 – Humanism, the Hidden Curriculum, and Educational Reform: A Scoping Review and Thematic Analysis

*Maria Athina (Tina) Martimianakis, PhD; Barret Michalec, PhD; Justin Lam; Carrie Cartmill, MHSc; Janelle S Taylor, PhD; Frederic W Hafferty, PhD*

4 – A Methodological Review of the Assessment of Humanism in Medical Students

*Era Buck, PhD; Mark Holden, MD; Karen Szauter, MD*

5 – The Changing Role of Physicians in Interdisciplinary Teams

*Gwendolen Buhr, MD, MHS, MEd; Elizabeth Ross, PT, DPT, MMSc; Anne L Derouin, DNP, RN, CPNP; Heidi White, MD, MHS, MEd*

6 – Responding to Suffering: A Taxonomy of Physician Approaches

*Ronald M Epstein, MD; Anthony L Back, MD*

7 – Creative and Expressive Writing in Medical Education

*Virginia S Cowen, PhD; Diane Kaufman, MD; Lisa Schoenherr, MS*

8 – Interventions to Reduce Physician Burnout: Systematic Review and Meta-Analysis

*Colin P West, MD, PhD; Liselotte N Dyrbye, MD, MHPE; Patricia J Erwin; Tait D Shanafelt, MD*

9 – A Systematic Review and Meta-Analysis of Meditative Interventions for Informal Caregivers and Healthcare Professionals

*Marisa Dharmawardene, MD, MPH; Jane Givens, MD, MSCE;  
Amy Wachholtz, PhD, MDiv; Suzana Makowski, MD, MMM; Jennifer Tjia, MD, MSCE*

10 – Assessing Empathy Development in Medical Education

*Sandra H Sulzer, PhD, MS; Noah Weeth Feinstein, PhD; Claire Wendland, PhD*

11 – Teaching Professionalism in Graduate Medical Education: What is the Role of Simulation?

*Eisha Wali, BS; Jayant M Pinto, MD; Elizabeth A Blair, MD; Melissa Cappaert, MA;  
Marcie Lambrix, MA; Angela D Blood, MPH, MBA; Stephen D Small, MD*

12 – Systematic Review of Secondary Trauma In Medical Students: An Etiological Approach and Recommendations for Intervention

*Charity H Evans, MD, MS; Matthew Pazderka; Paul J Schenarts, MD*

13 – Impact of Technology Use on the Patient-Doctor Relationship and Communication: A Systematic Review

*Lolita Alcocer Alkureishi, MD; Wei Wei Lee, MD, MPH; Maureen Lyons, MD; Valerie G Press, MD, MPH; Sara Iman; Akua Nkansah-Amankra; Deb Werner;  
Vineet M Arora, MD, MAAP*

4:50 PM REFLECTIONS – Rich Frankel

5:30 PM RECEPTION

6:30 PM DINNER – Welcome from President & CEO Richard Levin

## MONDAY, MAY 4

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7:30 AM WELLNESS ACTIVITIES (45 min)\* – Ron Epstein, Virginia Cowen

8:00 AM BREAKFAST

9:00 AM PRESENTATIONS #14-26

14 – The Heart and the Head: Humanism and Professionalism in Medical Education

*Lynda Montgomery, MD, MEd; Sana Loue, JD, PhD, MPH, MSSA;  
Kurt C Stange, MD, PhD*

15 – Do Family-Centered Rounds Lead to More Humanistic Pediatric Care? A Systematic Review of the Literature

*Ashley K Fernandes, MD, PhD; Shalini Forbis, MD, MPH; Bette S Sydelko, MSLS;  
Laura Gruber, MD; Elise Kwizera, MD, MPH*

16 – Rethinking Outcomes in the Medical Humanities: A Scoping Review and Narrative Synthesis

*Silke Dennhardt, PhD; Tavis Apramian, MA, MSc; Lorelei Lingard, PhD, Nazi Torabi, MLIS; Shannon Arntfield, MD, MSc*

17 – The Storied Mind- A Meta-Narrative Review Exploring the Capacity of Stories to Foster Humanism in Health Care

*Rachel Rose, BA, MAdEd; Saugata Chakraborty, MSc, MS, MBA; Ping Mason-Lai, BA, MA; Willow Brocke, BSW, MEd, RSW; Stacey A Page, PhD; David Cawthorpe, PhD*

18 – Epistemology in Medicine: A Systematic Review

*Jennifer L Eastwood, PhD; Elysa Koppelman-White, PhD; Misa Mi, PhD, MLIS, MA, AHIP; Jason A Wasserman, PhD; Ernest Krug, MDiv, MD, FAAP; Barbara Joyce, PhD*

19 – Dynamic Contextual Factors that Affect the Expression of Humanistic Attributes in Medicine: A Systematic Review

*Caridad A Hernandez, MD; Analía Castiglioni, MD; Anya Andrews, PhD; Shalu Gillum, JD, LMS; Heather E Harrell, MD; Juan C Cendan, MD; Jennifer R Kogan, MD*

20 – Forum for Conflict: A Qualitative Evidence Synthesis of Touch in Healthcare

*Martina Kelly, MbBCh, MA; Lara Nixon, BSc, MD; Caitlin McClurg, MLS;  
Tim Dornan, MD, PhD*

21 – Conflict Management in Healthcare: Call for a New Paradigm of Theory and Research

*Sara Kim, PhD; Young-Mee Lee, MD; Elizabeth Buttrick, BA; Chris Amdahl, BS; Kara Amber, BS; Elise Frans, RN, MN; Matthew Mossanen, MD; Ryan Fehr, PhD*

22 – Relationship-Centred Care (RCC) in Health: A Scoping Review Study

*Sophie Soklaridis, PhD; Paula Ravitz, MD; Susan Lieff, MD MEd MMan*

\*Sign up at Registration Table



23 – Finding Common Ground: Scoping Review of Medical Education Programs for Inner-City Health

*Katherine E Smith, MD; Allison Kirkham, MD, Ginetta Salvalaggio, MSc, MD, CCFP, FCFP; Jesse Hill, BSc; Kathryn Dong, MD, MSc, FRCP(C), DABEM*

24 – A Meta-Narrative Review of Humanistic Healthcare- Addressing Social Determinants of Health and Health Inequities in Medical Education

*Brett Lewis; Sriram Shamasunder, MD; Linda Sharp, MD*

25 – Cultural Differences in Nonverbal Empathic Communication in Clinical Settings: A Systematic Review

*Áine Lorie, PhD; Diego Reiner, BS; Margot Phillips, MD; Linda Zhang; Helen Riess, MD*

26 – Exploring the Potential of Digital Approaches to Teaching the "Human Side of Medicine": A Scoping Review

*Pamela Brett-MacLean, PhD; Clair Birkman, MLIS; Johanna Shapiro, PhD; Tom Rosenal, MD; Tracey Hillier, MD; Nicole Shafenacher, MFA; Brian Nadler, MD*

10:30 AM BREAK

10:45 AM DEBRIEF ON PRESENTATIONS – Eric Holmboe & Tina Martimianakis

12:00 PM LUNCH

1:00 PM INSIGHT DIALOGUE EXERCISE – Ron Epstein

1:30 PM INTRODUCTION TO ACTION PHASE

2:00 PM ACTION PHASE

What do we do with our learning? Participants choose one or more stations to further their work:

1 – RESEARCH DEVELOPMENT:

Work collaboratively with others to design research proposals and get feedback on your hypotheses, methods and measures. Your ideas may build on what you have learned through your own literature review or on new ideas you have gathered at this symposium.

*Rich Frankel, PhD* is a qualitative health services researcher and has over 225 publications to his name. He has been a senior mentor for more than 25 research fellows.

*Shiphra Ginsburg, MD, MEd, FRCPC* has conducted extensive research on medical professionalism using qualitative and mixed methods. She serves as Deputy Editor at the journal Medical Education, and as a Fellow on the Editorial Board of Academic Medicine.

## 2 – TELLING YOUR STORY:

Learn how to use storytelling principles to help you present your work to the media, funders or the general public. Participants may choose to craft and film brief video pieces for circulation on social media.

*Christian Cote'* is an award winning investigative news and documentary producer who works with four major Toronto Hospitals to shape their messaging and storytelling.

*Brian Hodges, MD, PhD, FRCPC* is an internationally-renowned educator who can speak from experience about communicating with the media.

## 3 – WRITING FOR THE WEB AND POPULAR PRESS:

Op-eds, perspective essays, blog posts and social media are among the most effective ways of disseminating our knowledge and experience and advocating for better health and health care. Learn how to craft an opinion article for a newspaper or medical journal, and how to use blog posts and Twitter to spread your ideas.

*Louise Aronson, MD, MFA* has had her writing appear regularly in medical journals and the lay press, including the New England Journal of Medicine, the Lancet, the New York Times, Washington Post, and the San Francisco Chronicle.

*Brandy King, MLIS* is a health sciences librarian with seven years' experience managing websites and social media, including that of the Gold Foundation.

## 4 – WILD CARD:

If you have an idea for a product or project that does not fit into the categories above, you are welcome to use this time to move that work forward. Work individually or collaboratively with other symposium attendees.

5:00 PM BREAK *or* 1:1 CONSULTATIONS

6:30 PM DINNER / SOCIAL NETWORK MAP – Fred Hafferty & Arabella Simpkin

7:30 PM OPEN MIC

## TUESDAY, MAY 5

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- 7:30 AM WELLNESS ACTIVITIES (45 min)\* – Ron Epstein, Virginia Cowen
- 8:00 AM BREAKFAST
- 9:00 AM SHARING OF WORK – Brandy King & Christian Cote'
- 10:15 AM BREAK
- 10:30 AM NEXT STEPS AS A GROUP – Liz Gaufberg & Brandy King
- 11:30 AM CLOSING REFLECTIONS – Tina Martimianakis & Brian Hodges
- 12:00 PM ADJOURNMENT

# ABSTRACTS

## 1 – A Guiding Framework to Maximize the Power of the Arts in Medical Education

*Paul Haidet, MD, MPH; Nancy E Adams, MLI, Michael J Green, MD, MS; Jodi Lynn Turner Jareke, DEd, MPH; Dan Shapiro, PhD; Heather L Stuckey, DEd; Cayla R Teal, PhD; Daniel R Wolpaw, MD*

**Context:** A rich literature describes many innovative uses of the arts in professional education. However, arts-based teaching tends to be idiosyncratic, depending on the interests and enthusiasm of individual teachers, rather than on strategic design decisions.

**Objectives:** This study was conducted to review literature on arts-based education, synthesize lessons learned, and provide a conceptual model to guide design, evaluation, and research on using the arts in medical education.

**Methods:** We conducted a systematic literature review using the PubMed and ERIC databases. We conducted a qualitative analysis of the content of selected articles, identifying themes and sub-themes related to educational characteristics, processes, and outcomes in arts-based education.

**Results:** We reviewed 922 unique articles and selected 49 for in-depth review. Four common themes emerged describing a) unique qualities of the arts that can promote learning, b) particular ways in which learners engage with art, c) documented short- and long-term learning outcomes that arose from arts-based teaching, and d) specific pedagogical considerations for using the arts to teach in professional education contexts.

**Conclusions:** The arts have unique qualities, which create the conditions for novel ways to engage learners. These novel ways of engagement can foster learners discovering and creating new meanings about a variety of topics, which in turn can lead to better medical practice. At each of these steps, specific actions by the teacher can enhance the potential for learners to move to the next step. The process can be enhanced when learners participate in the context of a group, and the group itself can undergo transformative change. Future work should focus on using this model to guide process design and outcome measurement in arts-based education.

## 2 – Interactions to Promote Humanistic Role Modeling: A Systematic Review

*Demetri A Blanas, MD, MPH; Mary E Foley, EdD, RN, CHES; Katherine T Chen, MD, MPD; Pauline S Beam, MLS, BSN; Carolyn M Bancroft, MPH; Andrew Maritato, MD; Reena Karani, MD, MPHE*

**Objectives:** We systematically reviewed efforts to promote humanistic role-modeling among clinical educators in medical education and to determine the effects of such interventions on trainees.

**Data Sources:** We searched Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase, Educational Research Information Center (ERIC), Google Books, Google Scholar, MEDLINE/PubMed, PsycINFO, PsycTESTS, Scopus, and Web of Science databases to identify publications written in the last two decades on humanistic practice in medical education.

**Methods:** Studies that included an intervention to improve humanistic role modeling among clinical educators in any health field, and that included quantitative measures or qualitative descriptions of the effects of this intervention on the quality of the educators' teaching were eligible for inclusion.

**Results:** The search yielded 483 unique articles, of which two met our inclusion criteria. Both described training programs for clinical preceptors focused on improving role modeling and humanistic values. Additionally, these articles outlined practical challenges such as funding and time constraints, as well as a need for standardized teaching and evaluation tools. The limited number of articles that met our inclusion criteria also highlights the need for further research in this area.

### 3 – Humanism, the Hidden Curriculum, and Educational Reform: A Scoping Review and Thematic Analysis

*Maria Athina (Tina) Martimianakis, PhD; Barret Michalec, PhD; Justin Lam; Carrie Cartmill, MHSc; Janelle S Taylor, PhD; Frederic W Hafferty, PhD*

**Purpose:** Medical educators have used the hidden curriculum concept for over three decades to make visible the effects of tacit learning, including how culture, structures and institutions influence professional identity formation. In response to calls to see more humanistic-oriented training in medicine, we examined how the hidden curriculum construct has been applied in the English language medical education literature with a particular (and centering) look at its use within literature pertaining to humanism. We also explored the ends to which the hidden curriculum construct has been used in educational reform efforts (at the individual, organizational, and/or systems levels) related to nurturing and/or increasing humanism in health care.

**Methods:** We conducted a scoping review and thematic analysis that draws from the tradition of critical discourse analysis. We identified N=1887 texts in our literature search, of which N=200 met inclusion criteria.

**Results:** Our analysis documents a strong preoccupation with negative effects of the hidden curriculum, particularly the moral erosion of physicians and the perceived undermining of humanistic values in healthcare. We also noted a conflation between professionalism and humanism. Proposals for reform largely target medical students and medical school faculty, with very little consideration for how organizations, institutions and socio-political relations more broadly contribute to problematic behaviours.

**Conclusions:** We argue there is a need to transcend conceptualizations of the hidden curriculum as antithetical to humanism and offer suggestions for future research that explores the necessity and value of humanism and the hidden curriculum in medical education and training.

### 4 – A Methodological Review of the Assessment of Humanism in Medical Students

*Era Buck, PhD; Mark Holden, MD; Karen Szauter, MD*

**Objectives:** Humanism is a complex construct that defies simplistic measurement. How educators measure humanism shapes understanding and implications for learners. This systematic review of the literature sought to address the questions: “How do medical educators assess humanism in medical students and how does the measurement impact the understanding of humanism in undergraduate medical education?”

**Methods:** Using the IECARES Gold Foundation framework, a search of English literature databases from 2000 to 2013 on assessment of humanism in medical students revealed >900 articles, of which 155 met criteria for analysis. Using descriptive statistics, articles and assessments were analyzed based on construct measured, study design, assessment method, instrument type, perspective/source of assessment, student level, validity evidence, and national context.

**Results:** Of 202 assessments reported in 155 articles, 80% (n=162) utilized surveys; 81% (n=164) used student self-reports. Seventy percent of articles (n=109) included only one humanism construct. Empathy was the most prevalent construct present in 62% (n=96) of articles; 51% (n=49) of those used a single instrument. Seventy-four percent of articles (n=115) used exclusively quantitative data; only 31% (n=48) used a longitudinal design. Construct underrepresentation was identified as a threat to validity in half of assessments. Articles included 34 countries; 56% (n=87) were from North America.

**Implications:** Assessment of humanism in undergraduate medical education incorporates a limited scope of a complex construct, often relying on single quantitative measures from self-reported survey instruments. This highlights the need for multiple methods, perspectives, and longitudinal designs to strengthen the validity of assessments of humanism.

## 5 – The Changing Role of Physicians in Interdisciplinary Teams

*Gwendolen Buhr, MD, MHS, MEd; Elizabeth Ross, PT, DPT, MMSc; Anne L Derouin, DNP, RN, CPNP; Heidi White, MD, MHS, MEd*

**Context:** Historically physicians held the dominant position in the healthcare system and did not commonly engage in collaborative practice with other healthcare professionals. However, collaborative practice is becoming the norm in today's healthcare system. Appreciating the historical context of collaborative practice and teamwork can provide a theoretical basis for curricular reform in medical education and training.

**Methods:** This article reviews the evolving role of the physician in the interprofessional team in the United States. PubMed, EMBASE, CINAHL, and Cochrane databases were searched from 1968 through January 2014. Articles concerning the physician's role within a working medical team that included at least one other profession were included. Articles focusing on learners and tools, as well as articles concerning healthcare teams outside the United States were excluded. The included articles were then categorized by the composition of the interprofessional team, the professional setting, disease states targeted by the team, and the type of article. Because of the large number of articles within each category, data saturation purposive sampling was used.

**Conclusion:** Many of the catalysts for collaboration were driven by U.S. government legislation (e.g. Medicare, Affordable Care Act) that increased access to healthcare as well as recommendations from the Institute of Medicine to enhance quality of care. Over the years of this study, the leader of a highly functioning team has evolved to not necessarily being the physician. Rather, with focus on patient-centered care, the leader changes with the needs of the patient.

## 6 – Responding to Suffering: A Taxonomy of Physician Approaches

*Ronald M Epstein, MD; Anthony L Back, MD*

Despite advances in our understanding of the multi-dimensional nature of suffering, and progress in disease-modifying and symptom-oriented treatments, little attention has been directed towards how physicians can and should respond to the human experience of suffering in clinical care. With the goal of promoting compassionate responses to suffering, we reviewed the few empirical studies and larger set of reflections and narratives that address responding to suffering in a wide range of clinical contexts, and as a result, identified three approaches: (1) “Diagnosing and Treating,” drawing on biopsychosocially-informed clinical skills with the goal of restitution to a former state of health; (2) “Turning-Towards,” promoting adaptation to illness, and involving recognition, curiosity, empathic witnessing and presence; and (3) “Refocusing and Reclaiming,” directed towards an enhanced sense of confidence, resilience, and meaning, and towards post-traumatic growth. These approaches, which should be explored further through empirical research, are within the scope of physicians’ clinical abilities, provide a framework for assessing quality of responses to suffering and can inform the design of educational programs to promote more effective clinician responses to suffering.

## 7 – Creative and Expressive Writing in Medical Education

*Virginia S Cowen, PhD; Diane Kaufman, MD; Lisa Schoenherr, MS*

The act of writing is an opportunity to explore, organize, and understand. Creative writing has long been a tool in education to promote self-expression and organization of thoughts. As a therapeutic tool creative and expressive writing is a vehicle for the writer to review and examine an experience, memory, or explore a point of view. For medical students, creative and expressive writing can be used to nourish the seeds of humanistic medical practice. This project employed a scoping review approach to gather, evaluate and synthesize reports on the use of creative and expressive writing in U.S. medical education. A broad base of enthusiasm for the use of writing as a pedagogical tool was applicable to all four years of medical school. The most frequent approach was the use of reflection to help student cognitively or emotionally process. This addressed growth of the professional identity, encouraging empathy, or expressing thoughts and that that do not have an outlet or well-defined place in coursework or clerkships. Overall, this review identified potential for writing as an effective tool that warrants further evaluation in comparison to conventional teaching methods to promote humanism in medical education.

## 8 – Interventions to Reduce Physician Burnout: Systematic Review and Meta-Analysis

*Colin P West, MD, PhD; Liselotte N Dyrbye, MD, MHPE; Patricia J Erwin; Tait D Shanafelt, MD*

**Background:** Physician burnout has reached epidemic levels as documented in national studies of both physicians-in-training and practicing physicians, with attendant consequences on patient care, professionalism, physicians’ own care and safety, and the viability of the health care system. We

applied current rigorous systematic review methodology to examine the literature to date on interventions to prevent and reduce physician burnout.

**Methods:** We searched multiple databases (inception to November 1, 2014) using a strategy developed by an experienced medical librarian (P.J.E.). Using independent duplicate assessment, we included studies collecting comparative data to evaluate the effect of an intervention on physician burnout. Studies were combined in meta-analysis, and subgroup analyses were performed to evaluate for differences in results according to study design, practicing physician versus trainee status, and intervention type.

**Results:** 20 studies (2 RCT, 18 cohort or pre-post, total n=2620) assessed structural interventions. Among these studies, 7 found improvements in overall burnout (6 statistically significant). 10 found improvements in emotional exhaustion (6), while 4 reported decreases in emotional exhaustion (0). 8 found improvements in depersonalization (0), while 3 reported decreases in depersonalization (1). 6 found improvements in personal accomplishment (0), while 5 reported decreases in personal accomplishment (0). 23 studies (5 RCT, 18 cohort or pre-post, total n=2243) assessed interventions directed at individual participants. Among these studies, only 2 reported overall burnout. 14 found improvements in emotional exhaustion (7 statistically significant), while 6 reported decreases in emotional exhaustion (1). 16 found improvements in depersonalization (5), while 2 reported decreases in depersonalization (0). 14 found improvements in personal accomplishment (6), while 3 reported decreases in personal accomplishment (0). Analyses revealed no clear subgroup differences across studies.

**Conclusions:** Evidence on interventions to reduce or prevent physician burnout generally suggests both structural and individual approaches can offer benefit across all domains of burnout. However, the risk of bias in the majority of published studies is substantial, and additional well-designed trials are needed to more clearly determine which interventions are most effective and for which groups of physicians.

## 9 – A Systematic Review and Meta-Analysis of Meditative Interventions for Informal Caregivers and Healthcare Professionals

*Marisa Dharmawardene, MD, MPH; Jane Givens, MD, MSCE; Amy Wachholtz, PhD, MDiv; Suzana Makowski, MD, MMM; Jennifer Tjia, MD, MSCE*

**Background:** Burnout, stress and anxiety have been identified as areas of concern for both informal caregivers and health professionals, particularly in the palliative setting. Meditative interventions are gaining acceptance as tools to improve well-being in a variety of clinical contexts, however their effectiveness as an intervention for caregivers remains unknown.

**Aim:** To explore the effect of meditative interventions on physical and emotional markers of well-being as well as job satisfaction and burnout among informal caregivers and health professionals.

**Design:** Systematic review of randomized clinical trials and pre-post intervention studies with meditative interventions for caregivers.

**Data Sources:** PubMed, EMBASE, CINAHL and PsycINFO were searched up to November 2013. Of 1561 abstracts returned, 68 studies were examined in full text with 27 eligible for systematic review.



**Results:** Controlled trials of informal caregivers showed statistically significant improvement in depression (effect size .49, [95% CI .24, .75]), anxiety (effect size .53, [95% CI .06, .99]), stress (effect size .49, [95% CI .21, .77]) and self-efficacy (effect size .86 [95% CI .5, 1.23]), at an average of 8 weeks following intervention initiation. Controlled trials of health professionals showed improved emotional exhaustion (effect size .37 [95% CI .04, .70]), personal accomplishment (effect size 1.18 [95% CI .10, 2.25]) and life satisfaction (effect size .48 [95% CI .15, .81]) at an average of 8 weeks following intervention initiation.

**Conclusions:** Meditation provides a small to moderate benefit for informal caregivers and health professionals for stress reduction, but more research is required to establish effects on burnout and caregiver burden.

## 10 – Assessing Empathy Development in Medical Education

*Sandra H Sulzer, PhD, MS; Noah Weeth Feinstein, PhD; Claire Wendland, PhD*

Empathy in doctor-patient relationships is a familiar topic for medical scholars and a crucial goal for medical educators. Nonetheless, there are persistent disagreements in the research literature concerning how best to evaluate empathy among physicians, and whether empathy declines or increases across medical education. Some researchers have argued that the instruments used to study “empathy” may not be measuring anything meaningful to clinical practice or to patient satisfaction. We performed a systematic review to learn how empathy is conceptualized in medical education research. How do researchers define the central construct of empathy, and what do they choose to measure? How well do definitions and operationalizations match? Among the 109 studies that met our search criteria, 20% failed to define the central construct of empathy at all, and only 13% had an operationalization that was well-matched to the definition provided. The majority of studies were characterized by internal inconsistencies and vagueness in both the conceptualization and operationalization of empathy, constraining the validity and usefulness of the research. The methods most commonly used to measure empathy relied heavily on self-report and cognition divorced from action, and may therefore have limited power to predict the presence or absence of empathy in clinical settings. Finally, the large majority of studies treated empathy itself as a black box, using global construct measurements that are unable to shed light on the underlying processes that produce empathic response. We suggest that future research should follow the lead of basic scientific research that conceptualizes empathy as relational—an engagement between a subject and an object—rather than a personal quality that may be modified wholesale through appropriate training.

## 11 – Teaching Professionalism in Graduate Medical Education: What is the Role of Simulation?

*Eisha Wali, BS; Jayant M Pinto, MD; Elizabeth A Blair, MD; Melissa Cappaert, MA; Marcie Lambrix, MA; Angela D Blood, MPH, MBA; Stephen D Small, MD*

**Background:** We systematically reviewed the literature concerning teaching and assessing ACGME professionalism competencies to elucidate best practices and facilitate further research.

**Methods:** A systematic review of English literature for “professionalism” and “simulation(s)” yielded 697 abstracts. Two independent raters screened abstracts for inclusion/exclusion criteria: 1) focused on GME; 2) described detailed simulation method; 3) used simulation to train or assess professionalism (inter-rater reliability=95.1%). Fifty abstracts met criteria; however, seven were excluded for lack of relevant information. Two teams with medical education, simulation, and clinical experience rated five articles together and discussed to calibrate scoring. Teams divided the remaining articles, and discussed to reach consensus for inclusion and data extraction, eliminating 15. Twenty-eight articles underwent final analysis.

**Results:** Twenty-two articles (78.6%) trained residents, 2 (7.1%) trained fellows, 3 (10.7%) trained residents and fellows. Common specialties represented were surgery (46.4%), pediatrics (17.9%), and emergency medicine (14.3%). Sixteen articles (57%) described an explicit conceptual framework for professionalism while 14 (50%) incorporated an assessment tool. Seventeen articles reported debriefing participants (60.7%). 23 (82.1%) reported evaluations of programs. **Conclusions:** The literature reveals innovative adoption of simulation-based professionalism training. The field would benefit from standardization of terms and reporting methods.

## 12 – Systematic Review of Secondary Trauma In Medical Students: An Etiological Approach and Recommendations for Intervention

*Charity H Evans, MD, MS; Matthew Pazderka; Paul J Schenarts, MD*

**Context:** Secondary trauma is the consequent of knowing about a traumatizing event experienced by another, resulting in distress in the caretaker. Secondary trauma can occur in medical students during their training. Predisposing, precipitating and perpetuating factors are known to favor secondary trauma, resulting in grave consequences. The aim of this study was to examine the current literature for risk factors for the development of secondary trauma, examine findings, and provide recommendations.

**Methods:** A systematic review of the current literature published from 2004 to 2014 was conducted into secondary trauma within medical students. Reviewers evaluated studies for demographic information and instruments used. An etiological approach was used to stratify factors as predisposing, precipitating or perpetuating. Statistically significant findings were evaluated and recommendations abstracted.

**Results:** The search identified 23 studies that met the authors’ criteria. Considerable variability exists in how researchers define secondary trauma. Etiology for secondary trauma is multifaceted, but can be categorized etiologically by factors which: predispose – burnout, depression, poor mental health, lack of support system, poor coping mechanisms, minority status; precipitate- stress, poor quality of life, unprofessional behavior, cynicism, poor role modeling, stressful personal events, sleep deprivation; and perpetuate – fatigue, post-traumatic stress, mistreatment, poor learning environment. Consequences of secondary trauma were well established, including loss of altruistic beliefs, suicidal ideation, serious thoughts of dropping out, change in specialty, empathy decline, and unprofessional behavior.

**Conclusions:** Medical school can be a stressful time. The LCME mandates that medical schools support students during the training process. Secondary trauma occurs in medical students, and interferes with personal and professional wellbeing. Recommendations for medical educators

include: 1st year- screen for predisposition, improve wellbeing, increase perceived level of support, 2nd year- hone coping skills, initiate resilience training, teach professionalism, 3rd year- surveillance for symptoms, minimize “hidden curriculum”, positive role modeling, limit cynicism, improve learning climate, and 4th year- debriefing, additional resilience training. Secondary trauma is seen in > 50% of medical students. The onus falls on medical educators to maintain a medical curriculum which produces competent physicians, and circumvents the effects of secondary trauma.

### 13 – Impact of Technology Use on the Patient-Doctor Relationship and Communication: A Systematic Review

*Lolita Alcocer Alkureishi, MD; Wei Wei Lee, MD, MPH; Maureen Lyons, MD; Valerie G Press, MD, MPH; Sara Iman; Akua Nkansah-Amankra; Deb Werner; Vineet M Arora, MD, MAAP*

**Background:** As technology use in medical practice increases, the impact of these changes on the patient-doctor relationship remains unclear.

**Purpose:** Systematic literature review to understand the impact of technology use on the patient-doctor relationship and communication.

Data Sources: Parallel searches in Ovid, PubMed, SCOPUS, PsychInfo, and Cochrane databases, reference review of prior systematic reviews, meeting abstract review and expert reviews from August 2013-February 2015

**Study Selection:** Medical Subject Heading terms related to technology use (i.e., computers) in clinical care were combined with terms to identify patient-doctor communication. English language observational or interventional studies from 1995-2015 were included. Studies examining only physician attitudes were excluded.

**Data Extraction:** Structured data extraction compared study population, design, method of data collection and outcomes.

**Data Synthesis:** 53 eligible studies of 7445 identified. 28 studies objectively measured communication behaviors using videotaped or direct observation of consultations; the remainder examined patient perceptions using pre-post or cross-sectional surveys. Most took place in outpatient primary care and studied the Electronic Medical Record (EMR). One study provided doctor training on how to use the computer with patients, demonstrating increased patient satisfaction with communication. Observational studies reported characteristics of interrupted patient and doctor speech patterns, increased gaze shifts and episodes of multitasking, silence during computer use, and low rates of sharing the computer screen with patients. Despite evidence of potential negative EMR-related communication behaviors, 72.7 % (16/22) of studies reported no change in overall patient satisfaction, communication or the patient-doctor relationship as a result of computer use. Five studies reported positive changes in overall patient satisfaction, of these only 3 reported pre-post EMR implementation data. Three studies demonstrated an overall positive impact on patient-perceived quality of care.

Limitations: We were unable to assess study quality. Small sample sizes limit generalizability. Publication bias may limit findings.

**Conclusions:** Studies examining the impact of technology use on patient-doctor communication primarily focus on the EMR and find no impact on overall patient satisfaction. Future research

should utilize randomized interventional study designs, focus on physician communication skills training, and explore inpatient experiences.

## 14 – The Heart and the Head: Humanism and Professionalism in Medical Education

*Lynda Montgomery, MD, MEd; Sana Loue, JD, PhD, MPH, MSSA; Kurt C Stange, MD, PhD*

**Objectives:** This paper articulates an interpretive framework for understanding humanism in medicine through the lens of how it is taught and learned.

**Methods:** Beginning with a search for key tensions and relevant insights in the literature on humanism in health professional education, we synthesized a conceptual model designed to foster reflection and action to realize humanistic principles in medical education and practice.

**Results:** The resulting model centers on the interaction between the heart and the head. The heart represents the emotive domains of empathy, compassion, and connectedness. The head represents the cognitive domains of knowledge, attitudes and beliefs. The cognitive domains often are associated with professionalism, and the emotive domains with humanism, but it is the connection between the two that is vital to humanistic education and practice. The connection between the heart and the head is nurtured by critical reflection and conscious awareness. Four provinces of experience nurture humanism: 1) personal reflection, 2) individual behavior, 3) system support, and 4) collective behavior. These domains represent potential levers for developing humanism.

**Conclusion:** Critical reflection and conscious awareness between the heart and head through personal reflection, individual and collective behavior, and supportive systems has potential to foster humanistic development toward healing and health.

## 15 – Do Family-Centered Rounds Lead to More Humanistic Pediatric Care? A Systematic Review of the Literature

*Ashley K Fernandes, MD, PhD; Shalini Forbis, MD, MPH; Bette S Sydelko, MSLS; Laura Gruber, MD; Elise Kwizera, MD, MPH*

**Background:** Hospitalized children are among the most vulnerable in society. Quality pediatrics must therefore include a commitment to inclusive, family-centered care. Although multidisciplinary family-centered rounds (FCRs) should promote humanism in pediatrics, no systematic review of the literature examines whether pediatric FCRs promote the core values of humanism in medicine.

**Objectives:** Our review sought to answer two questions: (1) do pediatric FCRs promote provider-centered humanistic values and (2) do FCRs engender a more humanistic experience for the child and/or family?

**Methods:** PRISMA guidelines (Moher, 2009) were utilized to answer the question “Do FCRs lead to more humanistic pediatric care?” A comprehensive search of PubMed, Web of Science, Scopus, and CINAHL for peer-reviewed pediatric studies was conducted, utilizing search terms that included FCRs, communication, humanism, and descriptors in the Gold Foundation’s humanism definition. 800 abstracts were identified/assessed for the primary outcomes: empathy, enhanced communication skills among providers, and parental/patient perception of respect, service,

empathy, or partnership. 2 co-authors evaluated the remaining 99 full-text articles for inclusion, reconciling discrepancies through an iterative process. Data abstraction, thematic analysis, and conceptual synthesis were conducted on 19 studies.

**Results:** Our systematic analysis demonstrated that FCRs improved humanistic outcomes within five categories: a) service; b) partnership; c) respect; d) enhanced communication; and e) empathy. Not all studies evaluated or showed improvement within all categories. We incidentally discovered two other important findings: patients with limited-English proficiency or complex care may see enhanced benefits from FCRs; and employing principles of health literacy (HL) are essential to the success of FCRs.

**Conclusion:** This systematic review demonstrated a modest improvement in humanistic outcomes through the utilization of pediatric FCRs. However, this study also highlighted attitudinal, ethical, pedagogical, and situational barriers to universal implementation of FCRs. Further research should focus on overcoming these barriers and increasing the integration of HL principles into FCRs, particularly for complex patients.

## 16 – Rethinking Outcomes in the Medical Humanities: A Scoping Review and Narrative Synthesis

*Silke Dennhardt, PhD; Tavis Apramian, MA, MSc; Lorelei Lingard, PhD, Nazi Torabi, MLIS; Shannon Arntfield, MD, MSc*

**Objective:** The rise of medical humanities teaching in medical education has introduced pressure to prove efficacy and utility. Review articles on available evidence have been criticized for poor methodology and unwarranted conclusions. To support a more nuanced discussion of how the medical humanities work, we conducted a scoping review of quantitative studies of medical humanities teaching.

**Methods:** Using a search strategy involving MEDLINE, EMBASE, and ERIC and hand searching, our scoping review located 11,045 articles using medical humanities teaching in medical education. Of these, the 62 studies using quantitative evaluation methods were selected for review. Three iterations of analysis were performed: descriptive, conceptual, and discursive.

**Results:** Descriptive analysis revealed that the medical humanities as a whole cannot be easily systematized based on simple descriptive categories. Conceptual analysis supported the development of a conceptual framework in which the foci of the arts and humanities in medical education could be mapped alongside their related epistemic functions for teaching and learning. Within the framework, art functioned as expertise, as dialogue or as a means of expression and transformation. In the discursive analysis, we found three main ways in which the relationship between the art and humanities and medicine was constructed: as intrinsic, as additive and as curative.

**Discussion:** This review offers a nuanced framework of how different types of medical humanities work. The epistemological assumptions and discursive positioning of medical humanities teaching frame what forms of outcomes research are considered relevant to curriculum decision-making, and shed light on why dominant review methodologies make some functions of medical humanities teaching visible, and render others invisible. We recommend the use of this framework to improve

the rigor and relevance of future explorations of the efficacy and utility of medical humanities teaching.

## 17 – The Storied Mind: A Meta-Narrative Review Exploring the Capacity of Stories to Foster Humanism in Health Care

*Rachel Rose, BA, M AdEd; Saugata Chakraborty, MSc, MS, MBA; Ping Mason-Lai, BA, MA; Willow Brocke, BSW, MEd, RSW; Stacey A Page, PhD; David Cawthorpe, PhD*

**Background:** Healthcare organizations are increasingly engaging the voice of patients and families through storytelling initiatives in hopes that this will yield compassionate and humanistic outcomes. To date, very little research is available that directly guides and justifies storytelling initiatives as a mechanism for promoting humanistic culture shifts in healthcare.

**Aim:** This review aimed to uncover diverse research and evidence on how storytelling can be utilized to promote humanistic shifts in healthcare organizations.

**Methods:** A meta-narrative review and analysis was undertaken including qualitative, quantitative, theoretical, and conceptual papers. Searches were restricted to English Language journals; no time frame restrictions were made. A literature assessment form was created to guide the review using a consistent taxonomy to appraise each paper. Analysis was done in two-stages, first identifying emergent themes within each research discipline secondly comparing and contrasting themes from the different disciplines.

**Results:** A total of 115 papers were identified for review resulting from the literature review protocol. Eighty-three papers were included in the final review 48 papers from Healthcare/Medicine combined, 28 from Business, 14 from Education, 5 from Organizational Development and 19 from Humanities (inclusive of Psychology and Communications.) There were three key findings 1) Storytelling promotes sensemaking while also perpetuating bias; 2) Stories are uniquely primed to elicit empathy and compassion; 3) Story listening and how stories are interacted with by the listener are key considerations for organizations aiming to shift culture.

**Conclusions:** This review solidifies storytelling as a mechanism suited to furthering humanistic practices in healthcare while contributing new knowledge in support of developing policies, strategies, and research initiatives that account for how stories are understood, and the processes that encourage reflection and interaction by listeners.

## 18 – Epistemology in Medicine: A Systematic Review

*Jennifer L Eastwood, PhD; Elysa Koppelman-White, PhD; Misa Mi, PhD, MLIS, MA, AHIP; Jason A Wasserman, PhD; Ernest Krug, MDiv, MD, FAAP; Barbara Joyce, PhD*

**Objectives:** Integration of humanistic qualities, such as compassion and empathy, into medical practice demands sophisticated ways of thinking; however, we know little about physician's beliefs about knowledge or ways of knowing. This study aims to systematically review the research literature about the epistemological beliefs of physicians and medical students.

**Methods:** The authors searched Ovid MEDLINE, SCOPUS, Web of Science, EMBASE, ERIC, CINAHL, and PsycINFO for English language studies using keywords related to epistemology and medical education. In duplicate, authors selected and reviewed empirical studies with a central focus on epistemology and participant samples including medical students or physicians.

**Results:** The authors selected and reviewed the full text of 27 studies. Qualitative studies and studies focused on uncertainty and ambiguity were the most heavily represented in selected articles. Studies varied widely in their methods and sample sizes, were conducted in twelve countries, and were published in journals from a variety of disciplines. Common themes among the studies were relatively simplistic epistemological beliefs of medical students and physicians, increasing sophistication of epistemological beliefs with experience, relation of ambiguity and uncertainty to stress, and relationships between epistemological beliefs and context.

**Conclusions:** Epistemological beliefs relate in many ways to humanism in medicine. Epistemology is operationalized, however, in many different ways in the medical education literature. Coherent theoretical frameworks, validated instruments and qualitative approaches to examine epistemological beliefs within the medical context are needed. Relationships between epistemological beliefs and patient outcomes and ways in which epistemological beliefs may be addressed through medical education have important implications for humanistic medical care.

## 19 – Dynamic Contextual Factors that Affect the Expression of Humanistic Attributes in Medicine: A Systematic Review

*Caridad A Hernandez, MD; Analia Castiglioni, MD; Anya Andrews, PhD; Shalu Gillum, JD, LMS; Heather E Harrell, MD; Juan C Cendan, MD; Jennifer R Kogan, MD*

**Background:** The documented decline in humanistic attributes amongst medical students, graduate trainees and practicing physicians necessitates a better understanding of contextual factors in clinical learning and practice environments.

**Objectives:** In this systematic review we aim to synthesize the literature across the span from trainee to practicing physicians and explore contextual factors that may be in play at different times, as well as how medical training (e.g., curricular designs), practice, and environment may modulate the expression of humanistic attributes by medical students, graduate trainees and practicing physicians. Given the nature of contemporary work place learning and practice, complexity theory (CT), which informs the study of dynamic, nonlinear systems, was selected as an informing framework for this systematic review.

**Methods:** Our systematic literature search is ongoing and being conducted using PubMed, Education Resource Information Center (ERIC), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Web of Science electronic databases. English language articles published between 1990-2013 have been identified using combinations of terms, including: humanism, altruism, compassion, empathy, integrity, caring attitudes. Qualitative and quantitative studies about medical students, residents, or physicians that include data regarding contextual factors that influence humanistic attributes will be included. Opinion pieces, industry reports, or psychometric studies will be excluded.



The initial search identified 12, 488 citations. Review, by at least 2 authors, of citation title and abstract to determine eligibility is ongoing. An abstraction form, based on Best Evidence in Medical Education (BEME) protocols, has been developed and will be used for article abstraction. As per standard BEME methodology, the level of impact of outcomes will be categorized using Kirkpatrick's educational intervention hierarchy. Article quality will be determined using the Medical Education Research Study Quality Instrument (MERSQI). Since we suspect heterogeneity, abstracted data will be synthesized descriptively with the intent of proposing a conceptual model.

## 20 – Forum for Conflict: A Qualitative Evidence Synthesis of Touch in Healthcare

*Martina Kelly, MA, MBBCh, CCFP; Lara Nixon, BSc, MD; Caitlin McClurg, MLS; Tim Dornan, MD, PhD*

Touch is integral to clinical practice. It is a significant component of nonverbal communication and a frequently taken for granted activity in medicine. Yet, touch is part of doctors' everyday practice, from shaking a patient's hand, to intimate examination, and the performance of procedures. Our objective is to identify, describe, critically analyze, and synthesize the literature on touch in everyday clinical practice; to conceptualize how touch is used in healthcare.

This study is a qualitative evidence synthesis, using meta-ethnography. Databases (MEDLINE, CINAHL, PsycINFO, EMBASE, SocioFILE, ERIC) were searched using MeSH headings and filters. Papers were critically appraised using the CASP tool. Thematic data recorded first order (study findings) and second order (author interpretations) constructs, to develop third order constructs (reviewer interpretations). Findings were assimilated as a line of argument. Preliminary findings were presented as the study evolved and shared with primary authors.

The search yielded 1011 papers; application of exclusion criteria resulted in 369 papers; 32 of which were qualitative (nursing=19, medicine=4, physiotherapy=2, osteopathy=1, dentistry=1, social work=1, psychology=1, counselling=1, patients exclusively=2). Study quality was variable. Touch is a sensitive subject in healthcare. Although presented as an expression of care, its enactment in the workplace is tense. Professionals were preoccupied with the appropriateness of touch, which meant they wrestled with where to draw boundaries. This tension was at its greatest when they were in individual (as opposed to collective) relationships with patients. The metaphor 'on display in the arena' is presented to express our findings. The arena is constructed out of society's wish for 'care'; the walls of the arena are hegemonically constructed by boundaries of age, illness acuity, discipline and gender. Touch becomes a form of engagement between practitioner and patient, which involves a range of active strategies from moment to moment.

Touch is a relatively unmapped area of research in healthcare. Family medicine is the only medical specialty reporting empirical research. More examined more in nursing, studies focus largely on gender and power relations. Although publications emphasized a need for education on touch, no study has yet addressed how to do this.



## 21 – Conflict Management in Healthcare: Call for a New Paradigm of Theory and Research

*Sara Kim, PhD; Young-Mee Lee, MD; Elizabeth Buttrick, BA; Chris Amdahl, BS; Kara Amber, BS; Elise Frans, RN, MN; Matthew Mossanen, MD; Ryan Fehr, PhD*

**Introduction:** Unaddressed and unresolved conflict in healthcare can result in devastating impacts on patients, providers, teams and organizations. Few studies have examined the trends and rigor of prior studies in the domain of healthcare conflict. Grounded in the conceptual framework synthesized from business and psychology that addressed the type, consequences and sources of workplace conflict, we examined major gaps in conceptual framework and research reported in healthcare literature.

**Method:** We identified articles from PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Excerpta Medical Database (EMBASE), using search terms including communication, conflict, interprofessional/interpersonal relations, negotiating/negotiation and workplace. From the initial pool of 933 articles, 120 articles including 40 data-driven research articles and 80 descriptive studies were coded in an iterative fashion by an interprofessional research team. We rated quality of study design and analyzed conceptual frameworks reported in research studies.

**Results:** Descriptive articles were largely commentaries addressing conflict management, negotiation skills, or sources of conflict between providers and specialty groups. Overall, the average quality rating of 40 research studies was low (5.9 out of 22). Often missing in the study design were rationales justifying the number of subjects, reliability evidence associated with data instruments, multiple data collection points, and diversity of outcomes across interpersonal, intrapersonal and organizational factors associated with workplace conflict. When examining studies that reported explicit conceptual framework, the framework of individuals' conflict handling styles was most frequently reported. Only three articles addressed conflict from multidimensional perspectives of individual, team and organizational levels. One study reported conflict training effectiveness based on pre- and post-intervention data.

**Discussion:** Conflict management researchers and practitioners have an opportunity to contribute to the development of research and training programs that target previously underexplored sources of conflict in healthcare including power hierarchy, leadership style and organizational culture.

## 22 – Relationship-Centred Care (RCC) in Health: A Scoping Review Study

*Sophie Soklaridis, PhD; Paula Ravitz, MD; Susan Lieff, MD MEd MMan*

**Background:** Relationship-centred care (RCC) is a framework for conceptualizing health care which recognizes that the nature and quality of relationships in health care influence the process and outcomes of health care. Our goal was to synthesize the evidence about outcomes associated with RCC and to encourage a bigger focus on relationships in clinical practice.

**Methods:** We conducted a scoping review to identify literature about RCC in teaching, learning, and clinical practice, and to describe the characteristics, outcomes, findings, and range of research in

RCC. Electronic databases were searched, and targeted searches were also conducted for grey literature to capture difficult-to-locate or unpublished material.

**Results:** Publications originated mainly from the United States and the United Kingdom. Authors represented various academic disciplines, of which medicine and nursing were dominant. Thematic analysis revealed that the most commonly provided definition of RCC was from the Pew-Fetzer report, which focused on three relational dimensions of RCC: patient–practitioner, community–practitioner, and practitioner–practitioner. The concept of RCC was found to be influenced by theories of sociology, social psychology, and psychiatry. The practice of RCC was demonstrated through organizational environments that model RCC, practice settings that focus on the patient or family in care planning, and health professional education that is based on RCC principles. All reviewed articles discussed the importance of RCC in terms of one or more of the following outcomes: humanizing health care, improving patient care, and improving interpersonal relationships. Our review identified three additional relational dimensions of RCC: practitioner–education, practitioner–profession, and practitioner–practice.

**Conclusion:** Implementing RCC requires a paradigm shift. An RCC approach to health moves beyond the biopsychosocial and patient-centred care models by focusing on how relationships influence the course and outcomes of care.

## 23 – Finding Common Ground: Scoping Review of Medical Education Programs for Inner-City Health

*Katherine E Smith, MD; Allison Kirkham, MD, Ginetta Salvalaggio, MSc, MD, CCFP, FCFP; Jesse Hill, BSc; Kathryn Dong, MD, MSc, FRCP(C), DABEM*

**Background:** Learners are often uncomfortable and feel underprepared when treating patients from the inner city. Deliberate exposure to inner city patients and focused curricula can improve attitudes towards at-risk populations and increase the likelihood that healthcare learners will choose to work with these groups. The objective of this scoping review was to summarize the existing educational interventions designed to improve healthcare learners’ attitudes and/or abilities to effectively care for patients from an inner city community.

**Methods:** This scoping review followed the 6-step methodology outlined by Arksey and O’Malley. A librarian-facilitated literature search of ERIC, EMBASE, EBSCO, Soc Abstracts, MEDLINE, SCOPUS and CINAHL was conducted. The search was then limited to English language articles published after 1990.

**Results:** The initial search identified 15,044 articles. After duplicates were removed, article titles were independently screened and reviewed by two reviewers leaving a total of 815 articles for full text review. Full text review found a total of 155 articles describing health care worker educational interventions relating to the care of inner city patients included in this review. Papers were categorized by type of educational intervention, target population, program evaluation and learner evaluation.

**Conclusion:** We provide 15 tips, informed by our scoping review, for the creation of an inner city curriculum. Involving learners in the inner city is a balance of education, research and service. Maintaining a balanced perspective of these three domains when creating a curriculum for health

care learners in the inner city will allow for better learning, richer scholarly output and the creation of a health care workforce more able to care clinically for inner city groups.

## 24 – A Meta-Narrative Review of Humanistic Healthcare: Addressing Social Determinants of Health and Health Inequities in Medical Education

*Brett Lewis; Sriram Shamasunder, MD; Linda Sharp, MD*

**Context:** Social factors contribute far more to premature mortality than lack of access to healthcare, and there is a growing movement toward addressing the social determinants of health (SDOH) in medical practice. Despite this, most physicians in the United States finish their training ill prepared to address these issues.

**Objectives:** We aim to share what is known in the current literature about the efforts U.S. medical schools are already making to address health inequities and social determinants of health, and also to bridge the gap between the broader, public health concepts of social determinants of health and health inequities with the more individualist conceptions of humanistic medicine.

**Methods:** We use a meta-narrative approach to conduct a review of the medical education literature in the U.S. as well as data gathered from educational experience and gray literature to assess the state of medical education in regards to health inequities and the social determinants of health.

**Results:** Thirty-two curricular programs described in 26 articles from 26 schools were identified, with widely varying curricular content, approaches to teaching and evaluation components. **Conclusions:** U.S. Medical school curricula that address SDOH/HI varied widely in many respects. A few notable examples point the way towards a more true humanism that fulfills the physician's and medical community's ethical responsibility towards society to address and eliminate health inequities.

## 25 – Cultural Differences in Nonverbal Empathic Communication in Clinical Settings: A Systematic Review

*Áine Lorie, PhD; Diego Reinero, BS; Margot Phillips, MD; Linda Zhang; Helen Riess, MD*

**Objective:** To conduct a systematic review of studies that address how culture mediates nonverbal empathic communication in clinical settings.

**Methods:** We searched 3 electronic databases for English-language studies examining culture and communication within clinical settings between adult clinicians and patients.

**Results:** 15 studies met inclusion criteria. Findings revealed that nonverbal expression of empathy such as eye contact, smile, touch, and body posture varied across cultures and are context-dependent. Race, nationality, gender and occupation mediated cultural differences. Racially discordant patient-physician dyads were associated with impaired exchange of clinical information, lower patient ratings of satisfaction, trust, and physician warmth.

**Conclusion:** Culture impacts expectations and preferences for empathic nonverbal communication in medical encounters and mediates nonverbal communication itself

Practice Implication: Clinician training in nonverbal communication and cross-cultural care is recommended.

## 26 – Exploring the Potential of Digital Approaches to Teaching the "Human Side of Medicine": A Scoping Review

*Pamela Brett-MacLean, PhD; Clair Birkman, MLIS; Johanna Shapiro, PhD; Tom Rosenal, MD; Tracey Hillier, MD; Nicole Shafenacher, MFA; Brian Nadler, MD*

Increasing use of Internet-based technologies and tools are transforming the context of learning for medical learners. Noted to be at an early, formative stage of development (Kemp & Day, 2014), this scoping review offers a descriptive account of published literature that has described digital approaches to enhance understanding of the human side of medicine.

Our search strategy progressed in different phases. Early broad searches (including both google and database searchers) identified a number of articles and reports regarding use of digital approaches teaching humanism in the health professions. Subsequently, we focused on medical education. We completed a focused search of EMBASE and Medline databases using three main search criteria: 1) mediated, online learning; 2) relevant to medical education (including faculty development), 3) focused on the "human" side of medicine. Identified studies have been characterized by the diversity of online approaches, topics addressed, underlying pedagogical approaches, assessment/evaluation, beneficial impacts, along with associated challenges.

Relatively few of the articles that met our criteria were identified through database searches. Published articles that met our criteria. Articles that we identified emphasized opportunities that digital approaches offered in relation to enhanced engagement of learners, as well as the potential for supporting the emergence of learning communities. Not surprisingly, given the early stage of development of this area, there was a lack of critical dialogue regarding underlying pedagogical approaches and other quality criteria. Consideration of these areas will help to ensure the ongoing development and potential of this area.

## SYMPOSIUM PARTICIPANTS



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Dr. Alkureishi is an Assistant Professor in General Pediatric Academic Medicine at the University of Chicago, and Clerkship Director at the Pritzker School of Medicine. She graduated from the University of Southern California with a degree in psychobiology in 1999, and completed medical school and a pediatrics residency at the University of California, San Francisco in 2008. Dr. Alkureishi joined the faculty at the University of Chicago in 2011, and completed a MERITS (Medical Education Research Innovation, Teaching and Scholarship) Faculty Fellowship at The University of Chicago in 2012. She was selected as a faculty awardee of the 2014 Leonard Tow Humanism in Medicine Award and was inducted as a Fellow into the Academy of Distinguished Medical Educators at the University of Chicago. Dr. Alkureishi's academic interests focus on developing curricula to enhance patient-centered technology use and promote patient-doctor communication in the computerized setting.



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Tavis Apramian is an MD/PhD candidate and Centre Fellow at the Schulich School of Medicine & Dentistry's Centre for Education Research & Innovation. Tavis holds an MA in English from Carleton University and an MSc in Narrative Medicine from Columbia University. Tavis' research focuses on procedural teaching in surgical education. His broader research interests include narrative medicine and medical humanities; workplace-based teaching and assessment; qualitative research methodologies; and philosophy of science.



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Dr. Louise Aronson is Professor of Medicine at the University of California San Francisco (UCSF) where she sees patients in the Care at Home Program and directs the Northern California Geriatrics Education Center and UCSF Medical Humanities. Louise's scholarship focuses on reflective learning, Public Medical Communication, and geriatrics education. She is particularly interested in training health professionals to provide optimal care to older adults; creating compassionate, inquisitive physicians committed to lifelong learning; and the use of writing to harness the expertise and unique experiences of clinicians and medical scientists in service of health and health care. In her role as one of the Foundation's Gold Professors, she is creating a longitudinal, developmental, curriculum in reflection and disseminating a narrative advocacy program. Louise's writing appears regularly in medical journals and the lay press, including the New England Journal of Medicine, the Lancet, the New York Times, Washington Post, and the San Francisco Chronicle.



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Vineet Arora, MD, MAPP, is an academic hospitalist who specializes in improving the learning environment for medical trainees and the quality, safety, and value of care in teaching hospitals. She specializes in using novel techniques, such as video vignettes and social media, and to disseminate her research. Her educational videos on handoffs, supervision, professionalism and costs of care have been used around the country and have been featured in the New York Times, Washington Post and NPR. Dr. Arora is currently PI of an NIH R-01 to study a social media intervention to boost interest of minority youth into medical research. She has testified to Congress on the primary care crisis and to the Institute of Medicine on residency education. For her work, she was been recognized as ACP Hospitalist Magazine's Top Hospitalist in 2009, one of "20 People Who Make Healthcare Better" by HealthLeaders Magazine in 2011.



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Anthony Back, MD, is Director of Palliative Care at the Seattle Cancer Care Alliance, an outpatient consultation service, and Professor of Medicine/Oncology at the University of Washington. His academic research focuses on improved patient-clinician communication. He is also head of a gastrointestinal oncology practice in the Seattle area, and an Affiliate Member of the Fred Hutchinson Cancer Research Center. Dr. Back received his bachelor's from the Humanities Honors Program at Stanford University and his MD from Harvard Medical School.



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Dr. Elizabeth Blair is a highly regarded surgeon who specializes in head and neck surgery at the University of Chicago. Dr. Blair is an expert in the diagnosis and treatment of head and neck cancer, thyroid and parathyroid disease, salivary gland tumors and skull base tumors, as well as malignant melanoma and other skin cancers. She has a special interest in treating patients with voice and laryngeal disorders ranging from hoarseness to vocal cord paralysis. Dr. Blair's research interests include management of laryngeal and voice disorders, functional outcomes of patients treated for head and neck cancer, and development of organ preservation therapies for head and neck malignancies. She also has an interest in early diagnosis and prevention of head and neck cancer.



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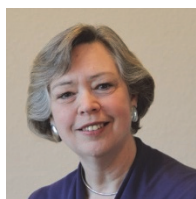
A native of Denver, CO, Demetri conducted his undergraduate studies at Columbia University where he majored in Comparative Literature and Environmental Biology. He subsequently matriculated at the Icahn School of Medicine at Mount Sinai in New York City through the Humanities and Medicine program where he earned an MD and a Masters in Public Health. Between his third and fourth years of medical school, he was a fellow in the Doris Duke Clinical Research program. Demetri is in the National Health Service Corps Scholarship program, and a board member of the African Services Committee, Inc., a 30 year-old community-based non-profit that works in Harlem and Ethiopia to improve the lives of those most in need. He is currently in the second year of the Harlem Residency in Family Medicine program based at the Institute for Family Health's Harlem Teaching Health Center and Mount Sinai Hospital in New York City. Throughout his undergraduate and medical studies he has worked with West African populations in Senegal and New York, and has published on community-based efforts to improve malaria, viral hepatitis, HIV care.



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Dr. Pamela Brett-MacLean is Associate Professor and Director of the Arts & Humanities in Health & Medicine (AHHM) Program in the Department of Psychiatry, Faculty of Medicine & Dentistry. Her interdisciplinary, research explores medical humanities, medical education, narrative inquiry, reflective practice, professional identity formation, arts & health, and spirituality. In 2013, Dr. Brett-Maclean received a Certificate of Merit from the Canadian Association for Medical Education. Her current projects include "A digital collection of "firsts" in medicine: Promoting dialogue and reflection on early clinical experiences in support of student well-being during the clerkship years" and "Fostering humanism and professionalism through faculty role-models within a Canadian context."

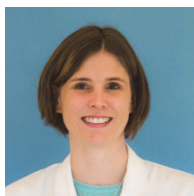


**Era Buck, PhD**

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Era Buck, PhD is a Senior Medical Educator in the Office of Educational Development, Assistant Professor of Family Medicine at UTMB, Galveston and UT Distinguished Teaching Professor. During twenty years in undergraduate and graduate medical education, her work has included faculty development, program evaluation, and education research. Her publications and presentations encompass the broad range of topics representing those interests. She is actively working on projects related to assessment in competency-based education, professional identity formation and humanism. She is a member of the UT System task force on professional identity formation for the Transformation in Medical Education initiative and chairs the working group on assessment for that task force. She is a faculty member for the Scholars in Education program at UTMB and co-chair of the Education Research Committee for the School of Medicine. She contributes to curricular development and assessment for both undergraduate and graduate medical education programs.





**Gwendolen Buhr, MD, MHS**

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Gwendolen Buhr, MD, MHS, MEd, CMD is an Associate Professor in the Department of Medicine, Division of Geriatrics at Duke University. She is a clinician educator and key faculty in the Geriatrics Education Center, which provides interprofessional learners with resources and experiences to enhance their ability work in interprofessional teams. She earned her MD from the University of Texas Health Science Center at San Antonio, completed residency in Internal Medicine at Moses Cone Hospital in Greensboro, NC, and then went on to do a geriatrics fellowship at Duke University. Dr. Buhr also has a Master of Education degree from North Carolina State University. Dr. Buhr's clinical duties are primarily as the medical director and attending physician for a continuing care retirement community. As a geriatrician with a primary care practice in a CCRC, she is very interested in the physicians' role in the interprofessional team.



**Elizabeth Buttrick**

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Elizabeth Buttrick is the Manager of Program Operations for the University of Washington's Institute for Simulation and Interprofessional Studies (UW-ISIS). In this role, she contributes to the development of educational and research programs and has operational responsibilities including financial analysis and human resources. Miss Buttrick has a particular interest in communication skills around conflict management and is a co-author on the article, "When Focusing on the Patient is Complicated: Conflict Narratives from the Healthcare Frontline," which is under review by The Joint Commission Journal on Quality and Patient Safety. She received a Bachelor of Arts degree magna cum laude Phi Beta Kappa from College of the Holy Cross in Worcester, MA.



**Melissa Cappaert, MA**

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Melissa Cappaert, MA, joined the University of Chicago Simulation Center in October 2013 as Staff Director. She leads all administrative and managerial aspects of the center, including management of four FTEs. Additionally, Ms. Cappaert has extensive experience applying simulation methods to the continuum of medical education and in health care research. She lends her expertise to a range of simulation-based training programs and research projects for the Center. Prior to joining UCSim, Ms Cappaert managed the simulation center at New York-Presbyterian Hospital/Columbia University. She began her work in the field of simulation in 2006 as the Manager of the Standardized Patient Program, and eventually Director of Programs, at the Mt Sinai Skills and Simulation Center at Case Western Reserve University in Cleveland. Ms. Cappaert earned a Master of Arts degree in Bioethics and was pursuing a doctorate in Sociology from Case Western Reserve University.

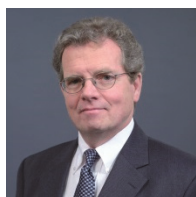




**Saugata Chakraborty, MSc, MS, MBA**

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Saugata Chakraborty is a Senior Consultant with the Engagement and Patient Experience Department of Alberta Health Services, Canada. He is an accomplished healthcare professional with 5 plus years of experience in the healthcare sector and has an MBA from the Schulich School of Business, Toronto, specializing in Healthcare Management. Prior to venturing into the healthcare, Saugata obtained a Masters Degree in Nuclear Physics with which he led several MRI brain-imaging and neuroscience projects, first at Detroit Medical Center, then at the University of Michigan Hospital, and finally at the University of Calgary, Hotchkiss Brain Institute. He resides in Calgary, Alberta and is an avid outdoors enthusiast with a passion for food and breweries.



**Eugene Corbett, MD**

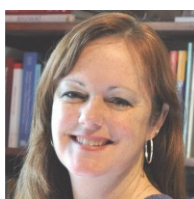
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Dr. Corbett is a general internist with special clinical interest in general and ambulatory medicine, geriatrics, nutrition and diabetes. His academic interests include medical education, primary care training, clinical skills education, clinical teaching skills, curriculum and faculty development, and nursing student pathophysiology. Following an academic sabbatical year at Stanford University (1984-85), Dr. Corbett joined the Division of General Medicine, Geriatrics & Palliative Care at UVA as full time faculty. He spent a sabbatical year at the Association of American Medical Colleges (AAMC) in Washington DC as a Robert Petersdorf Scholar-in-Residence (2002-03), working on a national consensus project involving improvement in the clinical performance education curriculum for medical students. He chaired the AAMC Task Force on the Clinical Skills Education of Students 2003-08 resulting in three related monographs. He retired to Professor Emeritus status July, 2012, and continues to teach, mentor and participate in selected clinical and medical education activities. He has served in many educational capacities including the curriculum committee (1998-2012), ambulatory medicine clerkship director (1994-2003), teaching in first, second and third year courses and clerkships, and offers an advanced physical diagnosis elective for senior medical students and internal medicine residents. He has co-directed and teaches in the undergraduate and postgraduate pathophysiology courses in the School of Nursing since 1987. He served as Assistant Dean for Clinical Skills Education in the School of Medicine from 2009-12. He has published a number of articles and book chapters, particularly in medical education. He is an associate editor for MedEdPortal (AAMC) and a reviewer for a number of internal medicine and medical education journals.



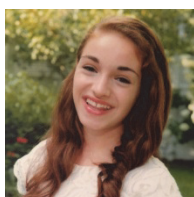
**Christian Cote'**  
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Christian Cote' is an award winning former CBC Television producer specializing in investigative journalism, current affairs, and news leadership. In 2007 after 17 years at CBC he left to pursue his lifelong passion for sports. He has since produced over 150 features and documentaries about Olympic athletes and created a 7 part NBC/CBC TV series following NHL players to the 2014 Sochi Olympics. In his 25 year TV career he has developed a reputation as a gifted storyteller with exceptional interview, writing, directorial, and producer skills. In 2010 – in pursuit of further challenges and an opportunity to pursue altruistic storytelling - Cote signed on with the University Health Network in Toronto as Special Advisor - Strategy and New Media. His role is to leverage his storytelling skills to help UHN doctors, scientists and healthcare workers disseminate their work to a mainstream audience. He also works to maximize story reach by leveraging all aspects of Social Media. As well he delivers story telling workshops, and media and interview training for UHN senior leadership. Cote is now collaborating with the University of Toronto Medical School to help develop and teach a new 2 Year Masters Degree called 'Translational Research Program in Health Science'. The first of its kind program is set to launch in January 2016.



**Virginia S Cowen, PhD, LMT**  
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Virginia S. Cowen, PhD, LMT is the Director of Education at the Rutgers University School of Health Related Professions Institute for Complementary and Alternative Medicine. She oversees graduate degree and certificate programs in integrative health and wellness. Dr. Cowen received her PhD from Arizona State University, M.A. from Columbia University and B.S. from the Indiana University School of Music. A former professional singer, she is a licensed massage therapist, and holds teaching certifications in exercise, yoga, and Pilates. Dr. Cowen has authored books on autism, gym class, and is currently working on pathophysiology and research texts. She regularly presents at conferences and is active in popular culture scholarship related to fitness and wellness. She has conducted original clinical research on yoga, massage, and aromatherapy, and physical activity.



**Perry Dinardo**  
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Perry is a 2014 graduate of Duke University, where she majored in Psychology with minors in Chemistry and Theater Studies. Perry is currently working as a Gold Foundation Research Intern, and also as a research assistant in a developmental cognitive neuroscience lab at Boston Children's Hospital. Perry plans to attend medical school in the future and is thrilled to contribute to the Gold Foundation's work.



**Tim Dornan, MD, PhD**

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Tim's background is as an internist and endocrinologist. His metamorphosis into an educationalist began when he was made responsible for 100 medical students in each of 3 clinical years studying in one of the Manchester academic hospitals. Having done a Masters and PhD, he marked his clinical retirement by becoming a professor in Maastricht University's School of Health Professions Education. To postpone retirement a little longer and further enlarge his carbon footprint, he recently also took on the post of Professor in Queen's University, Belfast, Northern Ireland. He is a qualitative researcher, with particular interests in workplace learning, identity, emotions, and caring.



**Francesca Dwamena, MD, MS, FACP, FAACH**

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Dr. Francesca C. Dwamena graduated from the Howard University College of Medicine in 1989. She works in East Lansing, MI and specializes in Internal Medicine. She is an expert in healthcare communication research and training for both clinicians and patients. Her research has focused on using the principles of effective doctor-patient relationships to understand and manage patients' symptoms and chronic diseases like coronary artery disease and medically unexplained symptoms. Dr. Dwamena has extensive training and experience with teaching learners at all levels to use proven methods to enhance communication and care in complex medical conditions. Dr. Dwamena is affiliated with Sparrow Hospital and lives in East Lansing with her husband, Ben.



**Jennifer Eastwood, PhD**

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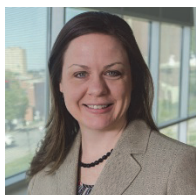
Jennifer Eastwood, Ph.D. is assistant professor of Human Biology at Stephens College where she teaches undergraduate courses for biology and pre-health professional students and contributes to the development of Stephens' new physician assistant program. Previously she was assistant professor of Biomedical Sciences at Oakland University William Beaumont School of Medicine, where she served as discipline director for medical histology and course director for the Hematopoietic Lymphoid Organ System course. Jennifer has a research background in science education and has authored several publications in the areas of socioscientific issues-based instruction and epistemology of science.



### **Ronald Epstein, MD**

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Dr. Ron Epstein has devoted his career to promoting physician self-awareness and effective communication in clinical practice. His current research is on improving communication about prognosis and treatment choices in cancer settings. He directs Mindful Practice programs, the Center for Communication and Disparities Research and the Deans Teaching Fellowship program at the University of Rochester School of Medicine and Dentistry where he is Professor of Family Medicine, Psychiatry and Oncology. A graduate of Wesleyan University (1976) and Harvard Medical School (1984), Dr. Epstein is recipient of the Lynn Payer Award from the American Academy on Communication in Healthcare, the Humanism in Medicine Award from the New York Academy of Medicine; a Fulbright scholarship at the Institute for Health Studies in Barcelona and a visiting fellowship at the University of Sydney. He has published over 250 articles <http://www.urmc.rochester.edu/people/20374457-ronald-m-epstein/articles> .



### **Charity Evans, MD**

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Dr. Charity Evans is a graduate of the Chicago Medical School at Rosalind Franklin University of Medicine and Science, where she completed dual M.D. and Masters of Healthcare Management degrees. She completed her General Surgery residency at Baylor College of Medicine, and Surgical Critical Care fellowship at the University of California, Davis Medical Center before joining the faculty at the University of Nebraska Medical Center in 2013 as an Assistant Professor in the Department of Surgery, Division of Trauma and Surgical Critical Care. Dr. Evans serves as the Surgery Clerkship Director for the College of Medicine at UNMC. She also serves as the chapter advisor for the medical student chapter of the Gold Humanism Honor Society at UNMC. She has been a GHHS member since 2007. Dr. Evans is active in clinical research, with an interest in trauma prevention, trauma outcomes and medical education.



### **Ashley Fernandes**

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Ashley K. Fernandes, MD, PhD is the Associate Director of the Center for Bioethics and Medical Humanities at The Ohio State University College of Medicine, and an Associate Professor of Pediatrics at Nationwide Children's Hospital. He received an MA in Philosophy from Johns Hopkins University (1999); an MD from The Ohio State University (2003); and a PhD in Philosophy (Bioethics) from Georgetown University (2008). Dr. Fernandes completed residency in at Cardinal Glennon Children's Medical Center. He practices inpatient and outpatient pediatrics at Nationwide Children's Hospital, and is the Director of the Advanced Management in Relationship Centered Care clerkship for fourth-year medical students. Dr. Fernandes is a Fellow of the American Academy of Pediatrics, a member of the Alpha Omega Alpha Medical Honor Society, and a member of the Arnold P. Gold Humanism Honor Society, receiving the Leonard Tow Humanism in Medicine award in 2010. His intellectual interests include philosophical and clinical bioethics, and bioethics education research.



**Shalini Forbis, MD, MPH**

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Shalini G. Forbis MD, MPH is Associate Professor of Pediatrics at Wright State University Boonshoft School of Medicine and a hospitalist at Dayton Children's Hospital. She completed medical school, her Pediatric Residency training and chief residency at the Medical College of Ohio followed by a General Academic Pediatric Research Fellowship and her Master's in Public Health in Clinical Investigation at University of Rochester, Rochester NY. Her academic responsibilities include research, clinical patient care duties and medical education. Her research interests encompass the topic of pediatric health disparities in underserved populations with specific interests in parental health literacy, health care communication and pediatric asthma. She is a member of the Dayton Children's Hospital IRB, chairs the Research Grant Review Committee, and is the Director-Elect for the STEMS Women Faculty Mentoring Groups Advisory Council at Wright State University. She is actively involved with the Academic Pediatric Association, and the Ohio Asthma Coalition.



**Rich Frankel, PhD**

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Richard M. Frankel, Ph.D., is Professor of Medicine and Geriatrics at Indiana University School of Medicine and the Director of the Mary Margaret Walther Program in Palliative Care at the IU/Simon Cancer Center. He is also the Associate Director of the VA Center for Healthcare Information and Communication (CHIC) at the Richard L. Roudebush Veteran's Administration Medical Center. Rich has published more than 225 research papers in the area of physician-patient communication and the use of positive psychology to bring about organizational change. He is also the co-editor, with Tom Inui, of a five book series entitled *Context, Culture and Quality in Health Sciences, Research, Education, Leadership and Patient Care* published in 2012-2013 by Radcliffe Publishers. Rich enjoys cycling, collecting antiquarian books digital photography and his five children, not necessarily in that order.



**Liz Gauferberg, MD, MPH**

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Dr. Elizabeth Gauferberg is the Jean and Harvey Picker Director of the Arnold P. Gold Foundation Research Institute and an Associate Professor of Medicine and Psychiatry at Harvard Medical School. Liz directs the Cambridge Health Alliance (CHA) Center for Professional Development, Psychosocial Training for the CHA Internal Medicine Residency Program, and the Patient-Doctor Course for the Harvard Medical School Cambridge Integrated Clerkship. Liz co-founded the CHA Medical Humanities Initiative, has established an active collaboration between the Cambridge Health Alliance and the Harvard Art Museum, and is an editor of the CHA Literary Arts Journal, *Auscultations*. Liz holds several national leadership roles in medical education. Her innovative curricula on professional boundaries, the stigma of addictions, and the hidden curriculum are in use in hundreds of medical training institutions world-wide. She is married to Slava, an Emergency Physician and Residency Director, and together they are raising four daughters.



**Shiphra Ginsburg, MD, MEd**

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Shiphra Ginsburg, MD, MEd, is a Professor in the Department of Medicine and a Scientist at the Wilson Centre for Research in Education at the University of Toronto. Her primary research program has focused on understanding and evaluating professionalism in medical education. This work is continuing and extending into the domain of practicing clinicians. She also studies how clinical supervisors conceptualize and evaluate the clinical competence of their learners, using linguistic theories. Dr. Ginsburg's research has been supported by the Medical Council of Canada, the Royal College of Physicians and Surgeons of Canada and the National Board of Medical Examiners Stemmle Fund and the American Board of Internal Medicine, among others. Since 2009 she has served as Deputy Editor at the journal *Medical Education*, and is on the editorial board of *Academic Medicine*. She co-authored the book "Understanding Medical Professionalism" with Levinson, Lucey and Hafferty.



**Arnold P Gold, MD**

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Arnold P. Gold, M.D., is Chairman Emeritus and co-founder of The Arnold P. Gold Foundation, with his wife, Sandra O. Gold, and several colleagues. Dr. Gold is Professor of Clinical Neurology and Clinical Pediatrics at the College of Physicians and Surgeons, Columbia University, where he has been associated for more than 50 years. An author of more than 80 published articles and many text books in the field of pediatric neurology, including *Neurology of Infancy and Childhood*; *Rudolph's Pediatrics*; *Shirkey's Pediatric Therapy* and *Merritt's Textbook of Neurology*. Dr. Gold is the recipient of many special awards, lectureships and professorships, including the National Brennerman Award in Pediatrics. Dr. Gold received both the "Practitioner of the Year" award and the "Dean's Distinguished Service Award" during his tenure at Columbia University College of Physicians and Surgeons.

Dr. Gold has served as a member of the Board of Trustees for the American Medical Association Foundation, and in 2000 he became the AMA Foundation's Secretary. The "Dr. Arnold P. Gold Child Neurology Center at the Morgan Stanley Children's Hospital of New York-Presbyterian Hospital, Columbia University Medical Center, was dedicated and opened in 2003. The capstone of his long career was receiving "The Lifetime Achievement Award" from the Child Neurology Society. An Honorary Doctor of Humane Letters Degree as conferred upon him by the Mount Sinai School of Medicine, and with his wife, Sandra Gold, he was awarded Honorary Doctorates in Humane Letters from The University of Medicine and Dentistry of New Jersey and Sacred Heart University in Connecticut. They also each received "The Special Recognition Award" from the Association of American Medical Colleges.

Arnold Gold, established the Arnold P. Gold Foundation in 1988 with the power of an idea – to nurture and preserve the tradition of the caring physician. That idea was conceived in response to a trend that Dr. Gold witnessed. He feared that burgeoning scientific discoveries and advances in technology were shifting the focus of medicine from caring for the whole person to an over-reliance on technology. Physician trainees were at growing risk for becoming scientifically proficient and technically well-trained, but lacking in caring and compassion.





**Sandra O Gold, EdD**

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Dr. Sandra Gold is the co-founder and immediate past president and CEO of the Arnold P. Good Foundation, a public charity which promotes humanistic, patient centered & collaborative healthcare practice. Through her 25 year stewardship, the Gold Foundation has become an internationally known leader in creating innovative medical education programs and advocating for caring hospital communities. She now serves as counselor to the current president of the Gold Foundation, Dr. Richard Levin.

Dr. Gold is also the founder of group homes for individuals with disability in Bergen County, NJ; and founder of The JCC Thurnauer School of Music, a member of the Gild of Community Music Schools which is a grantee of the National Endowment for the Arts and the NJ council of the Arts. A devoted civic leader, Dr. Gold has served as a board member and officer of numerous local and national organizations, including the Jewish Community Association of North America, the Florence G. Heller Research Center, the Myoclonus Research Foundation and the Jewish Educational Service of North America. She is a board trustee and/or past president of several New Jersey agencies, among them The Jewish Home at Rockleigh, The Adler Aphasia Center and the 13,000-member Jewish Community Center of the Palisades, a full-program social service agency. Dr. Gold received her doctorate from Rutgers University, and with her husband, Dr. Arnold Gold, she received Honorary Doctorates in Humane Letters from the University of Medicine and Dentistry of New Jersey and Sacred Heart University in Connecticut. In 2013 they each received "The Special Recognition Award" from the Association of American Medical Colleges.

Among her active volunteer leadership service is membership on the Columbia University Health Sciences Advisory Council, The Naomi Berrie Diabetes Center Advisory Committee, The New Jersey Medical School Advisory Council, The New York Presbyterian Hospital Committee on Environment and Service Excellence, and the Health Sciences Advisory Council Committee on Campus Community.

The mother of 5 children, Dr. Gold is a devoted grandmother to 13 grandchildren from ages 5 to 17.



**Laura Gruber, MD**

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Laura Gruber, MD is currently a first-year internal medicine resident at St. Vincent Charity Medical Center located in Cleveland, Ohio. She obtained a Bachelors of Art in Humanities from John Carroll University in Cleveland and received her MD at Wright state University Boonshoft School of Medicine in Dayton, Ohio in 2014. She will complete residency in Physical Medicine and Rehabilitation at The Ohio State University, where she hopes to specialize in Pediatrics. She is also a member of the Arnold P Gold Humanism Honor Society.



**Frederic W Hafferty, PhD**

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Frederic W. Hafferty is Professor of Medical Education, Associate Dean for Professionalism, College of Medicine, and Associate Director of the Program for Professionalism & Ethics at the Mayo Clinic. He received his undergraduate degree in Social Relations from Harvard in 1969 and his Ph.D. in Medical Sociology from Yale in 1976. He is the author of "Into the Valley: Death and the Socialization of Medical Students" (Yale University Press); "The Changing Medical Profession: An International Perspective" (Oxford University Press), with John McKinlay; "Sociology and Complexity Science: A New Field of Inquiry" (Springer) with Brian Castellani, "The Hidden Curriculum in Health Professions Education" (Dartmouth College Press) with Joseph O'Donnell, "Understanding Professionalism" (Lange) with Wendy Levinson, Katherine Lucy, and Shiphra Ginsburg and "Place and Health as Complex Systems: A Case study and Empirical Test" (Springer) with Brian Castellani, Rajeev Rajaram, J. Galen Buckwalter and Michael Ball. He is past chair of the Medical Sociology Section of the American Sociological Association and associate editor of the Journal of Health and Social Behavior. He currently sits on the Association of American Medical College's Council of Faculty and Academic Societies and the American Board of Medical Specialties standing committee on Ethics and Professionalism. Research focuses on the evolution of medicine's professionalism movement, mapping social networks within medical education, the application of complexity theory to medical training, issues of medical socialization, and disability studies.



**Paul Haidet, MD, MPH**

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Paul Haidet is a general internist, health-services researcher, educator, husband, father, and lover of jazz music. He received his undergraduate and medical degrees from Penn State University, and completed a residency in internal medicine at the Milton S Hershey Medical Center and Penn State University Hospital. He then pursued the Harvard Faculty Development Fellowship in General Internal Medicine at the Beth Israel Medical Center in Boston, Massachusetts, and completed his Masters in Public Health at the Harvard School of Public Health. After that, he joined the faculty of the Baylor College of Medicine, and was a member of the Health Services Research and Development Center of Excellence at the Michael E DeBakey Veterans Affairs Medical Center in Houston Texas. After 11 years at Baylor, Dr Haidet and his wife Mary Lynn Fecile, a pediatric oncologist, relocated back to Penn State, where he inaugurated the role of Director of Medical Education Research and serves as Professor of Medicine, Humanities, and Public Health Sciences at the Penn State College of Medicine. Dr Haidet has published widely on a variety of topics related to teaching, communication, and the humanistic care of patients, and he has won a number of regional, national, and international awards for his work. His current interest is in the improvisational aspects of patient-physician communication, and he is using his lifelong interest in jazz to create new educational methods and models to foster advanced communication skills among physicians at multiple levels.





**Caridad Hernandez, MD**

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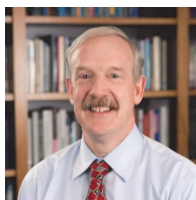
Dr. Cari Hernandez is a general internist and clinician-educator who received her medical degree from the University of California San Francisco (UCSF), and completed a residency in internal medicine at Yale-New Haven Hospital. Dr. Hernandez joined the University of Florida (UF) Department of Medicine in 2000, served as Chief of the Hospitalist section and Associate Director of the Master Educator Fellowship Program, and directed the Clinical Diagnosis course for second year medical students. During her tenure at UF, Dr. Hernandez completed the University of North Carolina (UNC) Chapel Hill Faculty Development Fellowship. In 2011, she joined, as founding faculty, the University of Central Florida (UCF) College of Medicine in Orlando, Florida. At UCF, Dr. Hernandez serves as the Director for the Practice of Medicine module and oversees clinical skills instruction as well as performance-based assessments. Her current research interests include the use of complexity theory to better understand contextual factors in the clinical learning environment that impact medical student empathy. She is also a co-investigator on a grant to study an innovative approach to the assessment of professionalism.



**Brian Hodges, MD, PhD, FRCPC**

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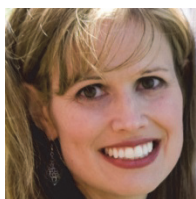
Brian D. Hodges is Professor in the Faculty of Medicine and Faculty of Education (OISE/UT) at the University of Toronto, the Richard and Elizabeth Currie Chair in Health Professions Education Research at the Wilson Centre for Research in Education and Vice President Education at the University Health Network (Toronto General, Toronto Western Princess Margaret and Toronto Rehab Hospitals). He leads the AMS Phoenix Project: A Call to Caring, an initiative to rebalance the technical and compassionate dimensions of healthcare.



**Eric Holmboe, MD, FACP, FRCP**

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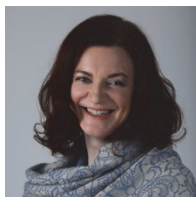
Dr. Holmboe, a board certified internist, is Senior Vice President, Milestones Development and Evaluation at the Accreditation Council for Graduate Medical Education (ACGME). From 2009 until January, 2014 he served as the Chief Medical Officer and Senior Vice President of the American Board of Internal Medicine and the ABIM Foundation. He originally joined the ABIM as Vice President for Evaluation Research in 2004. He is also Professor Adjunct of Medicine at Yale University, and Adjunct Professor of Medicine at the Uniformed Services University of the Health Sciences and Feinberg School of Medicine at Northwestern University. Prior to joining the ABIM in 2004, he was the Associate Program Director, Yale Primary Care Internal Medicine Residency Program, Director of Student Clinical Assessment, Yale School of Medicine and Assistant Director of the Yale Robert Wood Johnson Clinical Scholars program. Before joining Yale in 2000, he served as Division Chief of General Internal Medicine at the National Naval Medical Center. Dr. Holmboe retired from the US Naval Reserves in 2005. His research interests include interventions to improve quality of care and methods in the evaluation of clinical competence. His professional memberships include the American College of Physicians, where he is a Fellow, Society of General Internal Medicine and Association of Medical Education in Europe. He is an honorary Fellow of the Royal College of Physicians in London. Dr. Holmboe is a graduate of Franklin and Marshall College and the University of Rochester School of Medicine. He completed his residency and chief residency at Yale-New Haven Hospital, and was a Robert Wood Johnson Clinical Scholar at Yale University.



**Jodi Jarecke, DEd, MPH**

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Jodi Jarecke is a Research Associate at Penn State University. She received her D.Ed. in Adult Education at Penn State University-Harrisburg, where she also served as a University Doctoral Fellow. Jodi received her M.P.H. from Northern Illinois University in 2005, and her B.A. in Communications from Rutgers University in 2000. She has served in a number of research and consultant positions with Penn State University and Messiah College, and as an Adjunct Assistant Professor/Instructor of Adult Education at Penn State University-Harrisburg. In addition to consulting, Jodi's professional experience includes developing educational programs and materials for community sustainability, preparedness initiatives, and medical education through her work with local health departments, the American Academy of Pediatrics, and the AmeriCorps Volunteers in Service to America program. Her primary research interests include teacher-learner relationships, medical education, and teaching and learning in the clinical context.



**Martina Kelly, MA, MBBCh, CCFP**

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Martina is a family physician and Associate Professor at the University of Calgary as well as Clerkship Director for the Department of Family Medicine. Originally from Ireland, Martina moved to Canada in 2012 to further her academic career. She completed her Master's in Education in 2007. Her project examined the role of reflective practice in clinical workplace learning. Presently she is working on her PhD with a focus on exploration of the role of touch in clinical practice and medical education.



**Sara Kim, PhD**  
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Dr. Sara Kim, Research Professor of Surgery, received her PhD in Education from University of Washington in 1999. Currently, she serves as the Director of Educational Innovations and Strategic Programs at the Institute for Simulation and Interprofessional Studies (UW-ISIS), University of Washington and Director of Center for Leadership and Innovation in Medical Education (CLIME). She is the inaugural holder of the George G. B. Bilsten Professorship in the Art of Communication with Peers and Patients. Dr. Kim actively teaches and leads research in conflict management and collaborates with a wide range of stakeholders across UW Medicine to develop an organizational capacity in communication skill training. Dr. Kim has numerous peer-reviewed publications in leading medical education and surgery journals, covering topics of physician communication skills, assessment, teaching and learning practices.



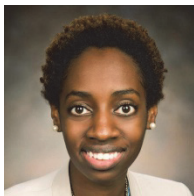
**Brandy King, MLIS**  
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With a Master's degree in Library and Information Science, over a decade of experience as a health science librarian, and several board level positions in library associations, Ms. King is a skilled and respected information professional. She earned her BA from Smith College and her MLIS from Simmons College then worked at Brigham & Women's Hospital and Boston Children's Hospital before coming to the Gold Foundation in 2012. As the Head of Information Services at the APGF Research Institute she is responsible for finding, organizing and disseminating research on humanism in medicine and maintaining the Foundation's website, blog and social media.



**Bona Ko, MPH**  
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Bona Ko is a third-year medical student at Case Western Reserve University School of Medicine. She studied Art History and Chemistry at Vassar College, then went on to earn a Master of Public Health from Columbia University. In her free time, Bona enjoys cooking, watching movies, and doing yoga.



**Elise Kwizera, MD, MPH**  
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Elise Kwizera, MD, MPH, is a first-year internal medicine resident at Wright State University Boonshoft School of Medicine. She received a Masters in Public Health with a concentration in Global Health from the George Washington University (2011) and an MD from Wright State University Boonshoft School of Medicine (2014). Her intellectual interests include implementing strong and sustainable health systems in developing countries around the globe; and designing health programs for non-communicable disease in Sub-Saharan Africa.



**Wei Wei Lee, MD, MPH**

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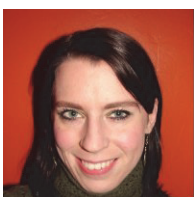
Dr. Lee is the Assistant Dean of Students at the Pritzker School of Medicine, Core Faculty and Assistant Director of Ambulatory Education at the University of Chicago's Internal Medicine Residency program. She graduated from Wellesley College with a degree in psychobiology in 2000 and is a 2007 graduate of New York University School of Medicine. She earned a Masters of Public Health degree from the Harvard School of Public Health in 2006. She completed her residency in Internal Medicine at New York Presbyterian Hospital-Weill Cornell in 2010 where she also served as an Ambulatory Chief Resident. Dr. Lee joined the faculty at the University of Chicago in 2010. She was selected as an Associate Junior Faculty Scholar for The University of Chicago's Bucksbaum Institute for Clinical Excellence in 2012 in recognition of her dedication to improving the patient- doctor relationship. Dr. Lee's academic interests are focused on developing curricula to enhance patient-centered technology use and promote patient-doctor communication in the computerized setting.



**Rich I Levin, MD**

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Richard I. Levin, MD is currently President and CEO of The Arnold P. Gold Foundation. He is concurrently an Emeritus Professor of Medicine in the Division of Cardiology at McGill and in the Leon H. Charney Division of Cardiology at New York University. He has been a national board member and officer of numerous professional U.S. organizations including past President of the New York and Heritage affiliates of the American Heart Association. Before taking on his position at McGill in September of 2006, Dr. Levin was the Vice Dean for Education, Faculty and Academic Affairs, and a Professor of Medicine at New York University School of Medicine. For twenty-five years, he practiced cardiology at Bellevue Hospital where he is currently an Attending Emeritus. In Canada, he was President of the Council of Deans of the Faculties of Medicine of Quebec and Chairman of the Board of the Canadian Resident Matching Service.



**Aine Lorie, PhD**

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Áine is a Full-Time Faculty member in the Department of Social Sciences in the School of General Education at Kaplan University where she works as a professional sociologist with research interest in medical sociology, as well as mental illness and religion in Irish society. Her principal career goals and research interests are geared towards expanding dialogue between sociology and medicine in order to further understand therapy in its social context. She most recently presented on the long-term effects of empathy training on surgery residents at the International Conference on Communication in Healthcare in Montreal, Canada. She also has written and researched questions on religion, sexuality, gender and the media, and the provider-patient relationship. Áine currently assists as a Research Collaborator in the Empathy and Relational Science Program at Massachusetts General Hospital's Department of Psychiatry where she provides qualitative research support as well as a complementary sociological perspective.



**Sana Loue, JD, PhD, MPH, MSSA**

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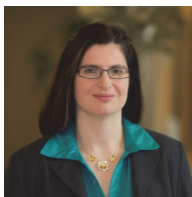
Sana Loue is a professor in the Department of Bioethics of Case Western Reserve University School of Medicine, with secondary appointments in the departments of Psychiatry, Epidemiology and Biostatistics, and Global Health. Dr. Loue also serves as the Vice Dean for Faculty Development and Diversity. She holds graduate degrees in epidemiology (PhD), medical anthropology (PhD), social work (MSSA), secondary education (MA), public health (MPH) and theology (MA). Dr. Loue is a licensed lawyer, a licensed independent social worker and an ordained interfaith minister. Her current focus is on diversity-related issues and faculty and staff development. She has conducted empirical research both domestically and internationally, focusing on HIV risk and prevention, severe mental illness, family violence, and research ethics. Dr. Loue is an author or editor of more than 30 books and is an author of more than 100 peer-reviewed journal articles.



**Karen Mann, MSc, PhD, FCFPC**

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Dr. Mann is Professor Emeritus in the Division of Medical Education, Dalhousie Medical School, where she was founding Director (1995-2006). She also holds an Honorary Professorship in Medical Education at Manchester Medical School, University of Manchester, UK. She is involved in teaching, research and development and writing across the medical education continuum. With colleagues Tim Dornan, John Spencer, and Albert Scherpbier, Dr. Mann co-edited and wrote a textbook of medical education: *Medical Education: Theory and Practice*. She was PI on a Health Canada study in inter-professional education. Current research interests are in self-assessment and feedback, reflection, assessment, professional identity formation, and distributed medical education. She serves on the editorial boards of *Academic Medicine*, *Medical Education*, the *Journal of Continuing Education in the Health Professions*, *Perspectives in Medical Education* and the *Canadian Journal of Medical Education*. She also supervises Masters and PhD students, and has been involved in developing and teaching in higher degree educational programs for health professions faculty.



**Tina Martimianakis, PhD**

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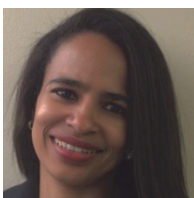
Dr. Maria Athina (Tina) Martimianakis is Assistant Professor in the Department of Paediatrics, where she also directs the Office of Medical Education Scholarship and Cross-appointed scientist at the Wilson Centre, University of Toronto. She holds a PhD from the Ontario Institute for Studies in Education. Theoretically she is interested in exploring the materiality of discourse particularly with regard to agency, resistance and the construction of professional identity. She is currently researching the relationship between discourses of the hidden curriculum and humanism, the politics and effects of knowledge stratification in pain clinics, and collaboration as a governing mentality in complex care settings, with a particular emphasis on team learning. Her previous work has explored discourses of integration in relation to internationally education health professions education, interdisciplinarity as a process of knowledge production and the discourse of globalization and its relationship to medical competency.



**Meghan McConnell, PhD**

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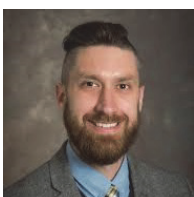
Meghan McConnell completed her PhD in cognitive psychology at McMaster University, where she studied the effects of mood states on attentional mechanisms. She subsequently completed two postdoctoral fellowships, the first at the Medical Council of Canada with an emphasis on psychometrics in high stakes examinations, and the second at the University of British Columbia with an emphasis on medical education. She is currently an Assistant Professor in the Department of Clinical Epidemiology and Biostatistics at McMaster University.



**Sharrie McIntosh**

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Ms. McIntosh is Senior Vice President and Chief Program Officer at The Arnold P. Gold Foundation, where she is responsible for managing the Foundation's portfolio of programs, developing new programs that align with the Foundation's strategic goals, and overseeing various initiatives, such as its initiatives focused on promoting compassionate, collaborative care. She is currently overseeing the Foundation's collaboration with the American Association of Colleges of Nursing, for which she led the implementation of the White Coat Ceremony for Nursing. As part of the Foundation's initiative focused on interprofessional education and collaborative care, Ms. McIntosh served as the Co-Chair for a joint conference with the Schwartz Center for Compassionate Healthcare on, "Advancing Compassionate, Person-and Family-Centered-Care through Interprofessional Education for Collaborative Practice." As the Foundation expands its work into supporting practicing physicians, she is leading the "Project 800" Initiative, which will support the 800,000 U.S. practicing physicians in maintaining their humanism. Ms. McIntosh received a Masters in Health Administration from Pennsylvania State University.



**Barret Michalec, PhD**

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Barret Michalec, PhD is an Assistant Professor in the Department of Sociology, and the Assistant Director of Health Research for the Center for Drug & Health Studies (CDHS) at the University of Delaware. He is also an Adjunct Research Assistant Professor in the Department of Family & Community Medicine at Thomas Jefferson University. Dr. Michalec received his PhD in Sociology from Emory University in 2009, and has been at the University of Delaware since that time. His research interests include: health professions education, disparities in health and healthcare, experiences of health and illness, and interactions in the healthcare setting. His current projects include exploring the experiences of minority premedical students, investigating issues related to occupational status among healthcare professions, and dissecting students' perceptions of and engagement with IPE programs.





**Lynda G Montgomery, MD, Med**

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Lynda Montgomery is an Associate Professor of Family Medicine and Community Health and Assistant Dean for Student Affairs at Case Western Reserve University School of Medicine. She earned her medical degree from the University of Pennsylvania School of Medicine, and a master's degree in medical education from John Carroll University. Over the course of her thirteen-year career at Case, she has worked in medical education at the medical student, resident and faculty level. Her current areas of scholarly focus are professionalism and professional identity formation, developing leadership and advocacy skills in medical students, and the medical humanities. She also writes fiction and has been awarded a fellowship and an artistic residency based on her novel-in-progress.



**Lara Nixon BSc, MD, CCFP**

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Lara is a family physician, Assistant Professor, and Director of the Enhanced Skills Program, in the Department of Family Medicine at the University of Calgary. Lara, a predominantly qualitative medical education researcher, is interested in vulnerability and relationship-centered care. Clinically, she works with inner city elderly in a team-based community care centre.



**Gail Paech, BScN, MScN**

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Gail Paech is the Chief Executive Officer for the Associated Medical Service Inc. Ms. Paech is a seasoned professional with over 25 years of experience in the public, private and non-profit sectors. She brings strong leadership and a proven track record in leading large-scale projects focused on health system change. Early in her career, Ms. Paech held several senior administrative roles in Nursing and was Director of a Health Care Practice for a global consulting company. Ms. Paech served as Associate Deputy Minister of Economic Development and Trade and Assistant Deputy Minister of Health and Long-Term Care in Ontario. In these roles she showed exemplary capacity for strategic leadership and was responsible for implementing several high-profile provincial initiatives. Most recently, she served as Chief Executive Officer of the Ontario Long-Term Care Association where she inspired positive changes through the development of a strategic plan aimed at achieving future growth and sustainability. Between 1991 and 1998 she was the President and CEO of Toronto East General Hospital. Ms. Paech holds a Bachelor of Science in Nursing from the University of Ottawa and a Master of Science in Nursing from the University of Toronto. She has been an Assistant Professor in the Faculties of Nursing and Medicine at the University of Toronto.



**Liza Pine**

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Liza is a 2014 graduate of Wesleyan University where she double majored in Neuroscience & Behavior and Spanish. Liza is currently working as a Gold Foundation Research Intern as well as a research coordinator at the Cambridge Health Alliance Center for Mindfulness and Compassion. Liza has been deeply grateful for the opportunity to learn with the Gold Foundation, and hopes to attend medical school in the future.



**Jayant Pinto, MD**

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Jayant Pinto is a surgeon scientist at the University of Chicago, who studies sinonasal and sensory disorders (including olfaction), and aging in a public health context. Dr. Pinto is the principal investigator on a National Institute on Aging- funded study of demographic and genetic factors that are associated with olfactory decline in aging. Pinto is also an active clinician-educator, whose practice encompasses comprehensive, cutting-edge medical and surgical care of diseases of the nose and sinuses. He trains the next generation of clinicians and clinician scientists by teaching medical and graduate students, residents, and fellows. He is active in the simulation community, serving as faculty in regional and national simulation workshops, participating in simulation education working groups of both the American Academy of Otolaryngology-Head and Neck Surgery and the International Society for Medical Simulation, and leading his own work on the use of simulation as a training modality for enhancing professionalism in surgical education.





**Margaret Plews-Ogan, MD, MS**

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Margaret Plews-Ogan's, MD, FACP, research and teaching has focused on fostering humanism, professionalism and wisdom in medicine, and on the use of positive approaches to change in academic medicine. She is the Bernard B. and Anne L. Brodie Teaching Associate Professor of Medicine Director at The University of Virginia. She teaches and practices in the 48 residency continuity clinic for the Department of Medicine and teaches at all levels of training, including faculty development. Dr. Plews-Ogan directs the Center for Appreciative Practice, which uses appreciative inquiry to improve processes of care and training in healthcare, and which promotes wisdom practices (compassion, reflective practice, narrative, positivity, mindfulness) in teaching, care delivery and leadership. She recently completed a study of how people develop wisdom out of difficult circumstances, including how physicians learn and grow in the wake of a medical error, resulting in a Public Television documentary, a book (*Choosing Wisdom*) and training DVDs for physicians on coping with mistakes. Current projects include: a disclosure training and peer support program, Humanism in Medicine Faculty Fellows program (Macy/Gold Foundation), longitudinal formation curriculum for medical students based on wisdom capacities, and studying how to foster eliciting a patient's story (*Tell Me a Story*) in medical residents (Gold Foundation). Books include: *Appreciative Inquiry in Health Care: Positive Questions to Bring out the Best*. May N, Becker D, Frankel R, Haizlip J, Harmon R, Plews-Ogan M, Schorling J, Williams A, and Whitney D. 2011 Crown Publishing. *Choosing Wisdom: Strategies and Inspiration for growing through life-changing difficulties*. Plews-Ogan M with May N and Owens J. 2012 Templeton Press, *Wisdom Leadership: Leading Positive Change in the Academic Health Science Center*. Margaret Plews-Ogan and Gene Beyt (eds), 2013, Radcliff Publishing, Oxford UK.



**Paula Ravitz, MD, FRCPC**

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Paula Ravitz MD FRCPC is an Associate Professor, Morgan Firestone Psychotherapy Chair, and Associate Director of the *Psychotherapy, Humanities and Education Scholarship* Division for the University of Toronto, Faculty of Medicine Department of Psychiatry. Prior to becoming a physician she was an artistic director of a post-modern dance company and worked as a choreographer. Her academic research, publications and current creative professional activity focus on doctor-patient communication, Interpersonal Psychotherapy, the measurement of attachment patterns of relating, psychotherapy supervision, and knowledge translation of evidence-supported psychotherapies. She recently co-edited a 6-book series of training manuals with DVDs, "Psychotherapy Essentials to Go" (Ravitz, Maunder (eds.), *Psychotherapy Essentials to Go*, WW Norton, <http://books.wwnorton.com/books/detail.aspx?ID=4294987861>) to disseminate evidence supported psychotherapeutic models and principles.



### **Diego Reinero**

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Diego Reinero is a clinical research coordinator in the Empathy and Relational Science Program at Massachusetts General Hospital and a research assistant in Professor Daniel Gilbert's lab at Harvard University. He graduated summa cum laude from Skidmore College in 2012 with a B.S. in psychology and a B.S. in business. Reinero intends to pursue a Ph.D. in Social Psychology, integrating empathy, morality, and prosocial behavior. Reinero is interested in understanding how we imagine the experience of others (i.e., empathy) and how that influences our moral and prosocial decisions. He is also interested in how we decide whom to help, the potential biases or social costs of empathy, and the promotion of cooperative behavior through perspective taking.



### **Helen Riess, MD**

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Helen Riess, M.D., is Director of the Empathy and Relational Science Program in the Department of Psychiatry at Massachusetts General Hospital and Associate Clinical Professor of Psychiatry at Harvard Medical School. Her research team at MGH conducts translational research utilizing the neuroscience of emotions to enhance patient-clinician communication and relational skills. The Empathy Program also provides clinician coaching and consulting services. Dr. Riess' research has been awarded the 2013 Partners Healthcare Medical Education Research Award, the 2012 Harvard Coaching Institute Research Award, and the 2013 SUNY Medical University Endowed Gilbert Humanism in Medicine Lecture Award. Dr. Riess is an internationally recognized speaker on empathy, recently giving a TEDx talk on "The Power of Empathy." Her empathy training curricula are implemented internationally in healthcare, business and education. She is Co-Founder, Chairman, and Chief Scientific Officer of Empathetics, LLC., a company that provides web-based empathy training and related relational skills solutions.



### **Rachel Rose, BA, M AdEd**

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Rachel Rose divides her time working as an Engagement Consultant at Alberta Health Services and as an Instructor in the Child Studies Program at Mount Royal University in Calgary, Alberta. Her career has been spent working with children, families, and other marginalized populations in various learning and community development initiatives fostering personal and community transformation. Throughout her career she has turned to various artistic art forms (including visual, performing, and storytelling) to enhance and further expand the depth of learning and range of expression. Currently, Rachel is finishing her Masters in Adult Education where she utilized an Arts-Based Research methodology while also pursuing certification through the International Expressive Arts Therapy Association as an Educator. Rachel is passionate about finding innovative and creative ways to engage and broaden the reflective capacity of individuals for healing, health, and development.



**Julie Rosen, MMHS**

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Julie Rosen became executive director of the Schwartz Center for Compassionate Healthcare in 2004 after serving as a member of its Board of Directors for six years and co-chairing its Development Committee for four years. She has worked in the healthcare field for more than 30 years, representing the interests of healthcare providers, insurers and consumers, and has extensive experience in government and community relations, program development, fundraising, communications and coalition building. Prior to joining the Schwartz Center, she was assistant vice president for public and community affairs at Tufts Health Plan and executive director of the Conference of Boston Teaching Hospitals. She has also held leadership roles at the Massachusetts Hospital Association and Massachusetts Medical Society. In addition to her work at the Schwartz Center, she currently serves as chair of the Health Care Services Committee at Hebrew SeniorLife, a Harvard Medical School affiliate and Greater Boston's largest provider of senior health care, living communities, research, and teaching. She has also served on the boards of Vinfen, the Fishing Partnership Health Plan, and the Heller School Alumni Committee. She has a bachelor's degree in political science from Tufts University and a master's degree in management of human services from the Heller School of Social Welfare at Brandeis University.



**Ginetta Salvalaggio, MSc, MD, CCFP, FCFP**

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Dr. Salvalaggio is an academic family physician with clinical and research interests in community-based participatory research, knowledge translation, addiction medicine, and inner city health. She is an assistant professor in the University of Alberta Department of Family Medicine and the research director for the Inner City Health and Wellness Program at the Royal Alexandra Hospital.



**Linda Sharp, MD**

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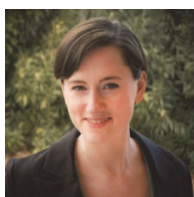
Linda Sharp, MD is an Assistant Clinical Professor at the UCLA School of Medicine, and is a faculty member of the Harbor-UCLA Department of Internal Medicine Residency Program in South Los Angeles. She also serves as the Human Rights and Advocacy Chair for Doctors for Global Health, a non-profit organization that promotes health and human rights around the world. She also works as project coordinator for HealthBegins, a network of health professionals that focuses on how clinicians and health systems can address the social determinants of health as part of a community centered approach to wellbeing. She enjoys teaching students, health workers, and community members about medicine and health and human rights issues.



**Arabella Simpkin, MA, BMBCh, MRCPCH**

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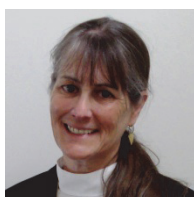
Dr. Arabella Simpkin is a graduate of the University of Oxford and a Senior Pediatric Registrar in the London Deanery, UK. She is currently a student in the Master of Medical Sciences in Medical Education program at Harvard Medical School. Arabella is a Research Fellow at the Arnold P. Gold Foundation Research Institute. She believes that humanism is a core principle and professional value that can be deliberately studied, explained, and supported, and is excited to be part of a challenging phase of educational transformation. She is committed to designing innovative approaches to the teaching of medicine that develop a more patient-centred approach. Arabella has been fortunate to work in healthcare environments in South Africa, Australia and the UK. Outside of medicine Arabella commits time to yoga, travel, and cooking.



**Sandra Sulzer, PhD, MS**

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Sandra is a postdoctoral fellow in Department of Family Medicine at the University of Wisconsin-Madison. Her specialization is in medical sociology, with an emphasis on doctor-patient communication and the sociology of science. Her most recent publications can be found in the Journal of Mental Health and the Journal of Community Mental Health.



**Karen Szauter, MD**

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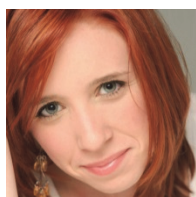
Dr. Szauter's appointment at the University of Texas Medical Branch is Professor in the Department of Internal Medicine and the Medical Director of the Office of Clinical Simulation. I have been involved with clinical simulation work, specifically that employing standardized patient methodology, for over 25 years. My specific area of interest is in clinical skills development, most notably physical exam skills and communication skills. I work with the clinical students in Internal Medicine, and currently serve as the co-director of the Internal Medicine core clerkship. I remain clinically active which allows me to stay current of many of the practical and logistical challenges faced by today's learners. In addition to work with medical students, I enjoy spending time in faculty development activities. My passion for research has lead me to both personal scholarly work and to serve as a mentor for others interested in educational scholarship.



**Jennifer Tjia, MD, MSCE**

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Jennifer Tjia, MD, MSCE is Associate Professor of Quantitative Health Sciences and Medicine at the University of Massachusetts Medical School in the Divisions of Epidemiology and Palliative Medicine. Trained as a clinical epidemiologist and dual-board certified Hospice and Palliative Medicine (HPM) and Geriatric Medicine, she is passionately committed to helping seriously ill older adults and their family caregivers negotiate life's spiraling transitions along the trajectory of illness - from hospitalization to home or skilled rehab, from community independence to nursing home placement, and from unavoidable readmissions to hospice and death. Her primary research efforts focus on documenting, understanding, and developing interventions to avoid the excess morbidity and premature mortality attributable to inappropriate medication use. She aims to develop a new complementary research agenda focusing on the development of interventions to support the wellbeing of informal and professional caregivers of patients with advanced illness, including mindfulness-based approaches.



**Nicole Vander Laan**

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Nicole is the Operations Coordinator for the APGF Research Institute as well as the Center for Professional Development at the Cambridge Health Alliance. Originally from Grand Rapids, MI, she currently resides in Somerville, MA. Nicole earned a Bachelors degree in Vocal Music from Gordon College. She is also a contact performer, her work includes Musical Theater, concerts, variety shows, and Princess Birthday parties.



**Eisha Wali, BS**

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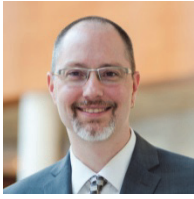
Ms. Wali graduated from Northwestern University in 2011 with a double-major in Human Communication Sciences and Economics. She is currently a fourth-year medical student at Case Western Reserve University School of Medicine and will be starting her Internal Medicine residency in July 2015. She is dedicated to promoting health education and served as Community Health Outreach Chair of the American Medical Students Association (AMSA) chapter at her medical school as well as co-director of a student-run health screening organization. As a senior medical student, she has played an active role in teaching physical diagnosis and communication skills to first- and second-year students, including observing simulated patient interactions and leading debriefing sessions. With the support of her mentors at the University of Chicago, she earned a grant from the Arnold P. Gold Foundation to review how academic institutions are using simulation as an innovative method to train professionalism.



**Jason Wasserman, PhD**

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Jason Adam Wasserman, Ph.D. is assistant professor of Biomedical Science at Oakland University William Beaumont School of Medicine where he serves as course director for Medical Humanities and Clinical Bioethics, Faculty Advisor on Professionalism and studies the sociological features of health and medicine. Along with Jeffrey Michael Clair, he is the author of a book entitled *At Home on the Street: People, Poverty, and a Hidden Culture of Homelessness* (2010), and he has authored numerous publications in the area of ethics, qualitative methods, health sociology, and homelessness.



**Colin West, MD, PhD**

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Originally from Seattle, Dr. West received his M.D. and Ph.D. in Biostatistics from the University of Iowa in 1999. He completed residency and chief residency in internal medicine at Mayo, and joined the faculty in General Internal Medicine in 2004. He is currently Professor of Medicine, Medical Education, and Biostatistics at Mayo. He directs the evidence-based medicine curriculum for the medical school, and is an Associate Program Director within the internal medicine residency program. He is also the Research Chair of General Internal Medicine. Dr. West's research has focused on medical education and physician well-being, and he is Co-Director of the Mayo Clinic Program on Physician Well-Being. Working closely with Tait Shanafelt, and Lotte Dyrbye, his work documenting the epidemiology and consequences of physician distress, as well as emerging research on solutions, has been widely published in prominent journals including JAMA, Annals of Internal Medicine, and JAMA Internal Medicine.

# The Seven of Pentacles

by Marge Piercy

Under a sky the color of pea soup  
she is looking at her work growing away there  
actively, thickly like grapevines or pole beans  
as things grow in the real world, slowly enough.  
If you tend them properly, if you mulch, if you water,  
if you provide birds that eat insects a home and winter food,  
if the sun shines and you pick off caterpillars,  
if the praying mantis comes and the ladybugs and the bees,  
then the plants flourish, but at their own internal clock.

Connections are made slowly, sometimes they grow underground.  
You cannot tell always by looking what is happening.  
More than half the tree is spread out in the soil under your feet.  
Penetrate quietly as the earthworm that blows no trumpet.  
Fight persistently as the creeper that brings down the tree.  
Spread like the squash plant that overruns the garden.  
Gnaw in the dark and use the sun to make sugar.

Weave real connections, create real nodes, build real houses.  
Live a life you can endure: Make love that is loving.  
Keep tangling and interweaving and taking more in,  
a thicket and bramble wilderness to the outside but to us  
interconnected with rabbit runs and burrows and lairs.

Live as if you liked yourself, and it may happen:  
reach out, keep reaching out, keep bringing in.  
This is how we are going to live for a long time: not always,  
for every gardener knows that after the digging, after  
the planting,  
after the long season of tending and growth, the harvest comes.

