



Mapping the Landscape, Journeying Together

2018 Symposium

#GoldMTL

May 20 – May 22, 2018
Westin O'Hare Airport Hotel, Chicago, IL

ITHAKA

As you set out for Ithaka
hope your road is a long one,
full of adventure, full of discovery.
Laistrygonians, Cyclops,
angry Poseidon—don't be afraid of them:
you'll never find things like that on your way
as long as you keep your thoughts raised high,
as long as a rare excitement
stirs your spirit and your body.
Laistrygonians, Cyclops,
wild Poseidon—you won't encounter them
unless you bring them along inside your soul,
unless your soul sets them up in front of you.

Hope your road is a long one.
May there be many summer mornings when,
with what pleasure, what joy,
you enter harbors you're seeing for the first time;
may you stop at Phoenician trading stations
to buy fine things,
mother of pearl and coral, amber and ebony,
sensual perfume of every kind—
as many sensual perfumes as you can;
and may you visit many Egyptian cities
to learn and go on learning from their scholars.

Keep Ithaka always in your mind.
Arriving there is what you're destined for.
But don't hurry the journey at all.
Better if it lasts for years,
so you're old by the time you reach the island,
wealthy with all you've gained on the way,
not expecting Ithaka to make you rich.

Ithaka gave you the marvelous journey.
Without her you wouldn't have set out.
She has nothing left to give you now.

And if you find her poor, Ithaka won't have fooled you.
Wise as you will have become, so full of experience,
you'll have understood by then what these Ithakas mean.

— C. P. Cavafy

The real voyage of discovery consists not in seeking new landscapes, but in
having new eyes.

— Marcel Proust

THE ARNOLD P.
GOLD
FOUNDATION

Research Institute

Mapping the Landscape, Journeying Together

2018 Symposium

May 20-22, Chicago, IL

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Tina Martimianakis, PhD
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Brian Benson, MD, Board Member
Arthur Rubenstein, MBBCh, Board Member
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Brandy King, MLIS, Director of Information Services, Research Institute
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With gratitude to the Russell Berrie Foundation, the Mellam Family Foundation, and the Picker Institute for their support of the Arnold P. Gold Foundation Research Institute.

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Welcome to the Gold Foundation
Research Institute's fourth
Mapping the Landscape,
Journeying Together Symposium!

The Arnold P. Gold Foundation, established in 1988 by Drs. Arnold and Sandra Gold, is dedicated to keeping healthcare human. The Foundation's mission is to sustain the commitment of healthcare professionals to provide compassionate, collaborative and scientifically excellent patient care.

In 2012 the Foundation launched the Arnold P. Gold Foundation Research Institute to help accelerate discovery in humanism in healthcare, disseminate findings, and use those findings to make change. Due to a strategic refocusing, the Research Institute will sundown in September of 2018. But during our short existence, the Mapping the Landscape (MTL) community of scholars, educators and advocates has succeeded beyond what anyone could have imagined when we set out.

In the past five years, MTL has funded 70 Literature Review and 17 Advocacy & Discovery grants. Thus far, MTL projects have resulted in 28 peer-reviewed papers (among them two AAMC Research in Medical Education presentations and one RIME best paper award), a special humanism issue of the journal *Medical Education*, the collaborative development of a national charter on physician well-being, countless presentations in diverse forums, and attention from the popular press. Most importantly, grantees are making on-the-ground change through the use of innovative curricula, video dissemination, culture change initiatives and advocacy strategies. More details can be found in the Summary of Accomplishments in this program book.

For this year's Symposium, we have arranged attendees into smaller topic groups which will meet once per day. We hope the groups help to facilitate strong connections around a core area of work. Though we don't have plans for a 2019 MTL Symposium, we hope that the collaborative relationships established here will be sustained and can help move your work forward.

The Symposium is not just about information, but also about transformation. We invite you to open your mind and your heart to what is possible. We have been so grateful to be part of this community and we encourage you to keep in touch with us and each other.

Sincerely,

A handwritten signature in cursive script that reads "Liz + Brandy".

MAPPING THE LANDSCAPE, JOURNEYING TOGETHER SELECT ACCOMPLISHMENTS

Team Publications

28 papers have been published as a result of work completed by MTL teams.

*Asterisk denotes open-access papers:

2018:

1. *Alkureishi MA, Lee W, Webb S, Arora V. [Integrating patient-centered electronic health record communication training into resident onboarding: Curriculum development and post-implementation survey among housestaff.](#) Journal of Medical Internet Research: Medical Education. 2018;4(1):e1.
2. Kelly M, Nixon L, McLurg C, Scherpbier A, King N, Dornan T. [Experience of touch in health care: A meta-ethnography across the health care professions.](#) Qualitative Health Research. 2018 Jan;28(2):200-212.
3. Michalec B, Cuddy MM, Hafferty P, Hanson MD, Kanter SL, Littleton D, Martimianakis MAT, Michaels R, Hafferty FW. [It's happening sooner than you think: Spotlighting the pre-medical realm.](#) Medical Education. 2018 Apr;52(4):359-361.
4. *Thomas LR, Ripp JA, West CP. [Charter on Physician Well-being.](#) JAMA. 2018 Mar 29.
5. *Winkel AF, Honart AW, Robinson A, Jones AA, Squires A. [Thriving in scrubs: A qualitative study of resident resilience.](#) Reproductive Health. 2018 Mar 27;15(1):53.

2017:

6. Alkureishi MA, Lee WW, Lyons M, Wroblewski K, Farnan JM, Arora VM. [Electronic-clinical evaluation exercise \(e-CEX\): A new patient-centered EHR use tool.](#) Patient Education and Counseling. 2017 Oct 10. pii: S0738-3991(17)30560-8.
7. Buck E, Holden M, Szauter K. [Changes in humanism during medical school: A synthesis of the evidence.](#) Medical Science Educator. 2017; 27: 887.
8. *Dewa C, Loong D, Bonato S, Trojanowski L, Rea M. [The relationship between resident burnout and safety-related and acceptability-related quality of healthcare: A systematic literature review.](#) BMC Medical Education. 2017:195.
9. *Dewa CS, Loong D, Bonato S, Trojanowski L. [The relationship between physician burnout and quality of healthcare in terms of safety and acceptability: A systematic review.](#) BMJ Open. 2017 Jun 21;7(6):e015141.
10. Doupnik SK, Hill D, Palakshappa D, Worsley D, Bae H, Shaik A, Qiu MK, Marsac M, Feudtner C. [Parent coping support interventions during acute pediatric hospitalizations: A meta-analysis.](#) Pediatrics. 2017. Sep;140(3). pii: e20164171.
11. Eastwood JL, Koppelman-White E, Mi M, Wasserman JA, Krug III EF, Joyce B. [Epistemic cognition in medical education: A literature review.](#) International Journal of Medical Education. 2017; 8:1-12.
12. Kim S, Lee YM, Bochatay N, Relyea-Chew A, Buttrick E, Amdahl C, Kim L, Frans E, Mossanen M, Khandekar A, Fehr R. [Individual, interpersonal and organizational factors of healthcare conflict: A scoping review.](#) Journal of Interprofessional Care. 2017; Feb 27.

13. Lorié Á, Reiner DA, Phillips M, Zhang L, Riess H. [Culture and nonverbal expressions of empathy in clinical settings: A systematic review](#). Patient Education and Counseling. 2017 Mar;100(3):411-424.
14. *Montgomery L, Loue S, Stange KC. [Linking the heart and the head: Humanism and professionalism in medical education and practice](#). Family Medicine. 2017 May;49(5):378-383.

2016:

15. Alkureishi LA, Lee W, Lyons M, Press V, Iman S, Nkansah-Amankra A, Werner D, Arora V. [Impact of electronic medical record use on the patient-doctor relationship and communication: A systematic review](#). Journal of General Internal Medicine. 2016; 31(5):548-60.
16. Cowen VS, Kaufman D, Schoenherr L. [A review of creative and expressive writing as a pedagogical tool in medical education](#). Medical Education. 2016; 50(3); 311-319.
17. Dharmawardene M, Givens J, Wachholtz A, Makowski S, Tjia J. [A systematic review and meta-analysis of meditative interventions for informal caregivers and health professionals](#). BMJ Supportive & Palliative Care. 2016 Jun;6(2):160-9
18. Dennhardt S, Apramian T, Lingard L, Torabi N, Arntfield S. [Rethinking outcomes research in medical humanities: A scoping review and narrative synthesis](#). Medical Education. 2016; 50(3); 285-299.
19. Haidet P, Jarecke J, Adams NE, Stuckey HL, Green MJ, Shapiro D, Teal C, Wolpaw DR. [A guiding framework to maximize the power of the arts in medical education: A systematic review and metasynthesis](#). Medical Education. 2016; 50(3); 320-331.
20. Leslie L, Cherry RF, Mulla A, Abbott J, Furfari K, Glover JJ, Harnke B, Wynia MK. [Domains of quality for clinical ethics case consultation: A mixed-method systematic review](#). Systematic Reviews. 2016 Jun 7;5:95.
21. *Rose R, Chakraborty S, Mason-Lai P, Brocke W, Page SA, Cawthorpe D. [The storied mind: A meta-narrative review exploring the capacity of stories to foster humanism in health care](#). Journal of Hospital Administration. 2016; 5:1.
22. *Soklaridis S, Ravitz P, Adler Nevo G, Lieff S. [Relationship-centred care in health: A 20-year scoping review](#). Patient Experience Journal. 2016; 3:1.
23. Sulzer SH, Feinstein NW, Wendland C. [Assessing empathy development in medical education: A systematic review](#). Medical Education. 2016; 50(3); 300-310.
24. Wali E, Pinto JM, Cappaert M, Lambrix M, Blood A, Blair E, Small D. [Teaching professionalism in graduate medical education: What is the role of simulation?](#) Surgery. 2016; 160(3):552-64.
25. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. [Interventions to prevent and reduce physician burnout: A systematic review and meta-analysis](#). Lancet. 2016 Nov 5;388(10057):2272-2281.

2015:

26. *Buck E, Holden M, Szauter K. [A methodological review of the assessment of humanism in medical students](#). Academic Medicine. 2015; 90: S14-S23.
27. Epstein RM, Back AL. [Responding to suffering: What it requires of physicians now](#). JAMA. 2015; 314:4.
28. *Martimianakis MAT, Michalec B, Lam J, Cartmill C, Taylor JS, Hafferty FW. [Humanism, the hidden curriculum, and educational reform: A scoping review and thematic analysis](#). Academic Medicine. 2015; 90: S5-S13.

Invited Commentary

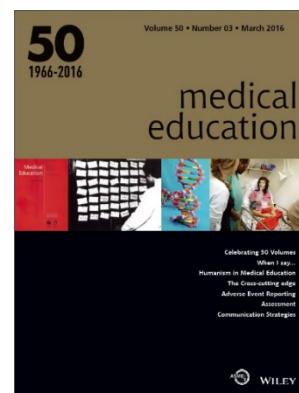
In 2017, Dr. Gaufberg published an invited commentary about MTL:

Gaufberg, E. [Mapping the Landscape, Journeying Together: The Gold Foundation's model for research-based advocacy in humanism in medicine](#). *Academic Medicine*. 2017 Dec;92(12):1671-1673.

Special Issue of Medical Education

On February 20, 2016 a special issue of *Medical Education* dedicated to humanism in healthcare was released as a result of a partnership between the Arnold P. Gold Foundation and the AMS Phoenix Project in Canada. Both organizations work to support healthcare trainees and professionals in delivering compassionate care. The special issue contains four literature reviews by Mapping the Landscape teams (Cowen, Denhardt, Haidet, Sulzer) as well as four commentaries by other Mapping the Landscape community members:

1. Gaufberg E, Hodges B. [Humanism, compassion and the call to caring](#).
2. Holmboe E. [Bench to bedside: Medical humanities education and assessment as a translational challenge](#).
3. Kelly M, Dornan T. [Mapping the landscape or exploring the terrain? Progressing humanism in medical education](#).
4. Martimianakis MA, Hafferty FW. [Exploring the interstitial space between the ideal and the practised: Humanism and the hidden curriculum of system reform](#).



Literature Reviews Honored

Two Mapping the Landscape literature reviews (Buck, Martimianakis) were selected for the Research in Medical Education (RIME) sessions at the 2015 Association of American Medical Colleges (AAMC) meeting. Authors gave a one-hour presentation on their work and their papers were published in *Academic Medicine*. Martimianakis and team were selected for the Best Paper Award, presented to them at the 2016 AAMC meeting.

Mapping the Landscape in the Media

Media attention has been given to Epstein and Back's work as well as to the work of Alkureishi et al.:

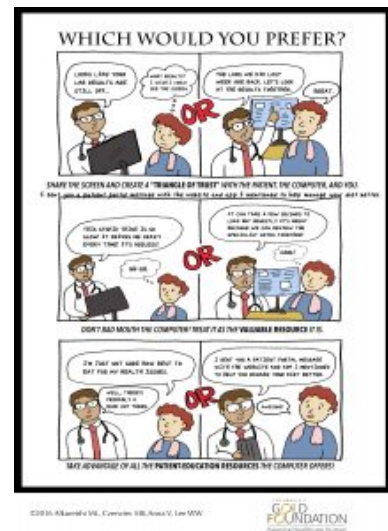
1. Oaklander M. **The one question you really want your doctor to ask**. *Time*. December 22, 2015.
2. Sun LH. **The simple way doctors can make their patients feel understood**. *The Washington Post*. December 28, 2015.
3. Pelletier SG. **Teaching medical students to integrate electronic medical records into patient-centered care**. *AAMC Reporter*. February/March 2016.

Advocacy Projects

Some literature review teams applied for Advocacy grants to translate what they learned into practice. Teams have produced the following:

Maria Lolita Alkureishi, MD, Wei Wei Lee, MD MPH, Alison Tothy, MD, Michael Banks, MD, Mary Kay Czerwec, RN MA, and Vineet Arora, MD MAPP developed four **resources on improving patient-centered technology**:

- Video: [Improving Patient-Centered Computer Use in Clinical Care](#)
- Video: [How's Your Computer-Side Manner? Patient Perspectives on the Patient-Doctor-Computer Interaction](#)
- Handout: [Patient Comic about EHR Use](#)
- Handout: [Provider Comic about EHR Use](#)



Session Outline	
F	Find Your Why
I	Identify Barriers + Context
R	Rehearse the Encounter
S	Speak + Listen Humbly
T	Take Stock + Take Care

Jennifer Best, MD and Sara Kim, PhD created the **FIRST Speaking Up Curriculum** to train medical staff on exploring key dimensions of the complex nature of speaking up. This training has been given to 120 nursing staff members and residents (plastic, medicine) via 2-3 hour long workshops. Participants engaged in self-reflections of facilitators and barriers involving speaking up, team discussion round the organizational landscape that affects speaking up behaviors, and interactive exercises to practice verbal reframing with a scenario.

Margot Phillips, MD, Tess Lauricella, Áine Lórié, PhD, Arabella Simpkin, MA BMBCh MRCPCH and Helen Riess, MD created two **resources about culturally-sensitive approaches to organ donation**:

- 3-minute video, entitled "Communicating with Families of Potential Organ Donors: An Interpersonal Tool for Clinicians."
- A Toolkit PDF of curated resources for best practices entitled "Communicating with Families of Potential Organ Donors: A Toolkit for Clinicians."



Sunday, May 20

1:00 PM REGISTRATION

2:00 PM WELCOME AND OPENING EXERCISE

Research Institute Director, Liz Gaufberg, MD, MPH

2:45 PM ORAL PRESENTATIONS FOR COMPLETED LITERATURE REVIEWS

Grantees will present their research in dynamic 5-minute talks that cover what inspired them to take on their project, what they learned from it, and what changes their findings could make “on the ground.” Projects will be presented in the following order, listed with the names of team members attending the Symposium:

Advocacy & Health Disparities

Defining the Domains of Health Advocacy Medical Education: A Scoping Review

Gaurab Basu, MD, MPH

Teaching Humanism Through the Care of the Homeless

Evelyn Figueroa, MD

How Do Educational Interventions Related to Stigma Impact the Healthcare of Trans Patients? A

Literature Review Study

Danielle Giffort, PhD; Laura Hirshfield, PhD; Kelly Underman, PhD

Arts & Humanities

Storying the Illness and Care Experience through Physician, Patient and Caregiver Lenses: Directions for Narrative Research in Medical Education

Tracy Moniz, PhD

The Use of Comics in Health Education: A Scoping Review of Graphic Medicine

Suzana Makowski, MD

Digital Storytelling in Health Professions Education: A Systematic Review

presented remotely by Katherine Moreau, PhD

Health Professions Education & the Learning Environment

Patient Involvement in Health Professions Education: A Meta-Narrative Review

Paula Rowland, PhD

What Do Simulated Patients Add in the Assessment of Humanism?

Era Buck, PhD; Karen Szauter, MD

Does the Research on Professional Identity Formation Suffer from Sociocultural Bias? Early Insights from a Scoping Review and Metasynthesis
Rebecca Volpe, PhD

The Experience of Parenthood in Graduate Medical Education: A Scoping Review
Shobha Stack, MD, PhD

Humanism with Patients & Families

Technical versus Humanistic Shared Decision Making: A Systematic Review
Ian Hargraves, PhD; Marleen Kunneman, PhD; Victor Montori, MD

Developing a Framework for Health Care Organizations to Describe Patient and Family Harm from Disrespect and Promote Improvement: A Scoping Review
Gregory Kane, MPH; Lauge Sokol-Hessner, MD

Well-being & Burnout

Engagement in Residency: A Meta-Narrative Literature Review
Gregory Cherr, MD; Susan Orrange, PhD

Interventions to Prevent Burnout Among Undergraduate and Graduate Medical Education Trainees: A Systematic Review
Neda Gould, PhD; Anne Leonpacher Walsh, MD; Jeffrey Zabinski, MD

4:00 PM DISCUSSION AND DEBRIEF
Facilitated by Helen Riess, MD

4:30 PM TOPIC GROUPS: WHAT'S THE BIG IDEA?
For the first time at an MTL Symposium, we have arranged attendees into small groups of members who are doing similar work. These groups will meet once per day to facilitate strong connections and possible future collaborations.
Topic group assignments can be found on pages 21-25.

5:15 PM BREAK

5:30 PM RECEPTION AND POSTER SESSION
Participants from the 2017-2019 cohort will present their works-in-progress as posters. Other attendees have the opportunity to learn about their work, ask questions and offer feedback. The following posters will be presented Sunday night, listed with the names of the team members attending the Symposium:

Advocacy & Health Disparities

(1) Evaluating Impact of Health Advocacy Curriculum

Gaurab Basu, MD, MPH

(2) Building a Humanistic Framework of Care for Patients Experiencing Incarceration: A Systematic Review of the Literature

Lisa Simon, DMD; Matthew L. Tobey, MD, MPH; Rachael Williams, BA

(3) Implicit Bias in Clinical Contexts: A Scoping Review

Laura Hirshfield, PhD

(4) Beyond the Exam Room: A Scoping Review of the Benefits and Potential Harms of Screening for the Social Determinants of Health

Robert Bailleu, MD, MPH; Ranit Mishori, MD, MHS, FAAFP; Matthew Pazderka, MD

(5) Physician Workforce Disparities and Patient Care: A Narrative Review

Chloe Slocum, MD, MPH

(6) Exploring the Influence of Biases and Stereotypes on Collaborative Practice within Interprofessional Teams

Javeed Sukhera, MD, FRCPC

(7) Identifying Challenges and Simulation-Based Solutions for Maintaining Professionalism When Residents/Fellows Face Patient Discrimination

Eisha Wali, MD

Health Professions Education & the Learning Environment

(8) Linking Classical Virtue and Care Ethics, and Professionalism to Normative Concepts of Humanism in Medical Education

David Doukas, MD; David Ozar, PhD

(9) Promoting Integration of Humanistic Competencies into Global Oncology Curricula: A Systematic Review

Janet Papadakos, MEd, PhD

(10) Evaluation and Assessment of an Interprofessional/Interdisciplinary Empathy & Affect Recognition Training Program for Health Pre-Professionals

Fred Hafferty, PhD; Barret Michalec, PhD

(11) Humanistic Leadership Training in Medical Education: A Scoping Review

Bharat Kumar, MD, MME; David W. Rudy, MD

6:30 PM DINNER

Remarks by Arnold P. Gold Foundation President and CEO, Richard Levin, MD

7:30 PM BOOK TALK

Victor Montori, MD, author of *Why We Revolt: A Patient Revolution for Careful and Kind Care*

8:00 PM JAZZ AND MEDICINE

An educational listening session presented by Alex Green, MD, MPH

Monday, May 21

7:30 AM YOGA *Optional*

Join Virginia Cowen PhD, eRYT (Experienced Registered Yoga Teacher) to breathe and stretch through yoga for 45 minutes. This class is open to all levels. The style will be hatha yoga inspired by Sivananda and Integral yoga. Wear comfortable clothing.

8:00 AM BREAKFAST

9:00 AM ORAL PRESENTATIONS FOR COMPLETED ADVOCACY & DISCOVERY PROJECTS

Grantees will give 5-7 minute presentations about their work, either the research they conducted or the on-the-ground change they made. Projects will be presented in the following order, listed with the names of team members attending the Symposium:

Advocacy and Training to Improve Patient-Centered Technology (iPaCT) Use in the Digital Age

Maria (Lolita) Alkureishi, MD, FAAP; Wei Wei Lee, MD; MK Czerwicz, RN, MA; Jaqueline Nichols, BA

Longitudinal Assessment of Humanism in Medical Students: Do We Know It When We See It?

Era Buck, PhD; Karen Szauter, MD

Research on Professionalism: Current State and Future Opportunities

Rich Frankel, PhD; Fred Hafferty, PhD

Communicating with Families of Potential Organ Donors: An Interpersonal Tool for Clinicians

Aine Lorie, PhD; Margot Phillips, MD; Helen Riess, MD

Where Is the Family Voice? Examining the Relational Dimension of the Family-Healthcare Provider and Its Perceived Impact on Patient Care Outcomes

Andrew Johnson, BA; Sophie Soklaridis, PhD

9:45 AM DISCUSSION AND DEBRIEF

Facilitated by Rich Frankel, PhD

10:00 AM TOPIC GROUPS: STEP-BACK CONSULTATIONS

Step Back Group assignments are on pages 21-25.

In this interactive session, participants will have the opportunity to experience a peer-to-peer collaborative approach to problem solving and project development known as 'step-back consultation'. We will divide into small facilitated groups and use this method to stimulate new ideas and approaches to the development, implementation and evaluation of several research, education or advocacy projects.

12:00 PM LUNCH

Remarks by co-founder of the Arnold P. Gold Foundation, Sandra O. Gold, EdD

1:15 PM WORKSHOPS

See workshop descriptions on pages 16-20 and your personal workshop assignments on pages 26-29.

- Engaging with qualitative methods & data: Back to basics (repeated on Tuesday)
- Beyond PICO: Frameworks for systematic reviews in education
- Drawing the landscape: How graphic medicine and reflective drawing Work
- How accurately do you perceive your patients?: A workshop to improve your person perception ability

2:45 PM BREAK

3:00 PM WORKSHOPS

See workshop descriptions on pages 16-20 and your personal workshop assignments on pages 26-29.

- Intelligent design: Using design thinking techniques to engage physicians in developing organizational well-being interventions (repeated on Tuesday)
- Do you listen to respond or listen to understand? Communication strategies to understand others and build trust
- It's not about "dumbing down" the message: A plain language communication workshop
- Incorporating mindfulness into your daily life

4:15 PM BREAK

5:30 PM RECEPTION AND POSTER SESSION

Participants from the 2017-2019 cohort will present their works-in-progress as posters. Other attendees have the opportunity to learn about their work, ask questions and offer feedback. The following posters will be presented Monday night, listed with the names of the team members attending the Symposium:

Arts & Humanities

(1) *Mapping the (Mis)Alignment Between Medical Humanism and Health Humanities in Medical Education: A Scoping Review*

Michael Blackie, PhD; Amelia Brunskill, MSIS; Laura Hirshfield, PhD, Sandy Sufian, PhD, MPH

(2) *Humanism and the Premedical Realm: An Exercise in Graphic Medical Education*

Fred Hafferty, PhD; Barret Michalec, PhD

Humanism with Patients & Families

(3) *Advancing Humanism in Anesthesiology: A Meta-Analysis and Systematic Review*

Danielle Blanch-Hartigan, PhD, MPH; Judith Hall, PhD

(4) *Toward a Patient-Centered Model of Informed Consent: Examining the Evidence*

Brit Trogen, MD, MS; Audrey Zhang, AB

Well-being & Burnout

(6) *Nurse-to-Nurse Incivility, Hostility, and Workplace Violence: An Integrative Scoping Review of the Evidence*

Cecelia Crawford, DNP, RN; Lisa Tze-Polo, BSN, RN

(7) *Suicide Among Physicians: A Scoping Review and Systematic Review of Current Evidence*

Sima Pendharkar, MD, MPH, FACP; Tiffany Leung, MD, MPH, FACP

(8) *Taking Care of Our Own: The Collaborative for Healing and Renewal in Medicine/Arnold P. Gold Foundation Charter on Physician Well-Being*

Liz Gaufberg, MD, MPH; Larissa Thomas, MD; Colin West, MD, PhD;

(9) *Medical Errors Associated with Physician Burnout and Depressive Symptoms: A Systematic Review and Meta-Analysis*

Karina Pereira-Lima, MSc

(10) *The Role of Organizational Culture in Optimizing Physician Well-Being: A Meta-narrative Review of the Findings from Medicine and Other Disciplines*

Larissa Thomas, MD, MPH

(11) *Thriving in Scrubs: Understanding Physician Resilience*

Aubrie-Ann Jones, MS, MFA; Annie Robinson, MS; Abigail Ford Winkel, MD, MHPE

6:30 PM DINNER

7:30 PM AWARDS CEREMONY & STORY SLAM

Story slam facilitated by Laura Rock, MD

TUESDAY, MAY 22

7:30 AM WELLNESS ACTIVITY *Optional*

Join Kirsti Weng, MD MPH, Linda Barman, MD and Tiffany Leung, MD MPH for a 45-minute session on wellness strategies you can actually make time for every day.

8:00 AM BREAKFAST

9:00 AM WORKSHOPS

See *workshop descriptions on pages 16-20 and your personal workshop assignments on pages 26-29.*

- What's your bias?: How feedback about implicit bias can improve humanistic faculty development
- LIVE from Chicago: It's "Thriving in Scrubs"! Step inside the podcast
- Intelligent design: Using design thinking techniques to engage physicians in developing organizational well-being interventions
- Engaging with qualitative methods & data: Back to basics

10:15 AM TOPIC GROUPS: MOVING FORWARD

Groups meet to discuss next steps. How can they act together or individually to apply what they've learned at the symposium to moving a research, education or advocacy project forward or creating a new project?

11:15 AM CLOSING COMMITMENTS

12:00 PM ADJOURNMENT

WORKSHOP DESCRIPTIONS

Monday at 1:15

Engaging with qualitative methods & data: Back to basics

Taught by Barret Michalec, PhD, an active qualitative researcher who has taught various courses in qualitative methods at the undergraduate- and graduate-levels. He has also led a series of seminar-style, intensive programs on general qualitative methods to clinician- researchers at affiliated healthcare delivery institutions.

This workshop offers an opportunity to learn the fundamentals of key qualitative methods, be able to identify appropriate qualitative methods for your own specific project(s), and understand the basics of particular qualitative data analysis techniques (Spoiler Alert: not everything is or has to be “a grounded theory approach”).

The workshop will consist of four parts:

- 1.) An instructional presentation on the value of qualitative methods in health professions education/practice research, and showcase specific types of methods including, Interviews, Focus Groups, Observations, and Content Analysis.
- 2.) Participants will brainstorm how to utilize specific qualitative methods within their own projects, map-out “who”/“what” will be included in their sample, and explore how they intend to engage with that sample and gather the data.
- 3.) Discussion of the fundamentals (the very basics) regarding concepts, vocabulary, and commonly utilized phrasing associated with qualitative data analysis (e.g., deductive and inductive, grounded theory, frequency analysis, etc.) as well as an outline of tips and tricks to the effective and efficient writing of methods, analysis, and “results” sections for publishable pieces and proposals.
- 4.) Open Q&A.

Beyond PICO: Frameworks for systematic reviews in education

Taught by Virginia, Cowen, PhD, who has taught research skills to graduate students in the health professions for the past six years. She finds that use of an alternative framework makes systematic methods easier and more fun.

Systematic review of literature requires application of a framework to gather multiple research studies for aggregated analysis. Early phase clinical research (involving pre-tests, post-tests, and placebos) can be operationalized for a review by applying the PICO framework, but education interventions are more complex. When a research question is not “if” education works, but “how does one pedagogical approach work differently from another”, or “how can we understand what occurred” in a real-world educational setting, a complex framework is needed.

This workshop will use an expanded framework to operationalize a systematic review of educational research. Participants are asked to bring a complex research question. A laptop or tablet is optional—in case you want to search as we work. We will compare and contrast how applying different frameworks for a review can affect the inclusion criteria and alter the research question. Then we will apply an expanded framework to explore how it can be used to include an optimal group of studies in an analysis.

Drawing the landscape: How graphic medicine and reflective drawing work

Taught by Brian Callender, MD, an assistant professor of medicine at the University of Chicago, and MK Czerwec, RN, MA, the Artist-in-Residence at Northwestern Medical School and a Senior Fellow of the George Washington School of Nursing Center for Health Policy & Media Engagement. Both use Graphic Medicine in their practice. Dr. Callender has worked with interdisciplinary teams to develop innovative patient education materials that incorporate graphic medical narrative. Ms. Czerwec is the creator of the first full-length graphic memoir by a nurse, Taking Turns: Stories from HIV/AIDS Care Unit 371, which was a JAMA selection for the Best of Graphic Medicine, 2018.

What is Graphic Medicine? The term was coined in 2008 to refer to the intersection of the medium of comics and the discourse of health, illness, disability, and caregiving. (For more info, see www.graphicmedicine.org)

Comics can be powerful tools in health care for education and reflection. Reflective Drawing is a practice that employs simple drawings to help examine complex issues. In this workshop, participants will learn some of the ways comics can work in the clinic and the classroom. Participants will engage in several insightful drawing exercises they can use for their own reflection and teaching.

Note: NO drawing experience or equipment is required.

How accurately do you perceive your patients? A workshop to improve your person perception ability

Taught by Judith Hall, PhD, Danielle Blanch Hartigan, PhD, MPH and Mollie Ruben, PhD. All three researchers have published extensively on person perception in clinical contexts, the implications of accuracy in patient-provider interactions, and the effectiveness of training to improve this skill. Judith Hall's interest in studying the accuracy of interpersonal perception goes back to the 1970s when she was a co-developer of the Profile of Nonverbal Sensitivity (PONS test), one of the first standardized instruments of this skill. These three researchers have developed multiple person perception assessment tools (TAPPA, PECT) and corresponding validated training programs in their 10+ years working together in this area.

In this interactive workshop, participants will learn why person perception, or the ability to accurately recognize patient cues, is an essential element of humanistic care. Participants will have the opportunity to assess their own person perception ability, while learning about validated assessments of person perception accuracy for clinical contexts, including the Test of Accurate Perception of Patients' Affect (TAPPA) and Patient Emotion Cue Test (PECT).

Participants will then engage in an interactive and evidence-based person perception training program, which includes group discussion and practice with performance feedback. The session will end with an opportunity to reflect on their own ability and the value of person perception. Participants will leave the workshop with access to the accuracy measures, training materials, and other resources to use in research and person perception training at their institutions. Participants do not need to prepare anything in advance of this workshop.

Monday at 3:00pm**Intelligent design: Design thinking strategies for organizational well-being**

Taught by Larissa Thomas, MD, MPH and Grant Smith, MD. Dr. Thomas is the Interim Associate Program Director for Inpatient Affairs and Director of Resident Well-being for the UCSF Internal Medicine Residency. In consultation with a graduate of the Stanford Design School, Dr. Thomas developed and taught a residency curriculum using design thinking strategies to create organizational well-being interventions. Dr. Smith was a member of the first resident design team for this curriculum and is now a chief resident.

Design thinking is a technique for generating innovative solutions for complex problems with an approach rooted in human empathy. Although this strategy is frequently employed in the design and technology sectors, it can be an ideal approach to addressing vexing problems in medicine such as provider well-being. In this workshop, you will learn principles and applications of design thinking, and we will describe potential impacts of this strategy on engagement and creativity. We will specifically discuss ways to use design thinking strategies to engage physicians in creative solution-generation for cultural and organizational well-being challenges.

Most of this workshop will be interactive and includes participation in multiple design thinking activities. No prior familiarity of design thinking is required for participation; participants will receive some background materials for optional viewing prior to the workshop. Although we will be using an example from physician well-being in graduate medical education, the principles and techniques that you will learn in this workshop are applicable to other audiences and topics.

Do you listen to respond or listen to understand? Communication strategies to understand others and build trust

Taught by Laura Rock, MD a pulmonologist and intensivist at the Beth Israel Deaconess Medical Center (BIDMC) and Rebecca Minehart, MD an anesthesiologist at Massachusetts General Hospital (MGH). They are core faculty at the Center for Medical Simulation and are recognized leaders on feedback, speaking up and debriefing. Dr. Rock is Director of Communication and Teamwork for Critical Care at BIDMC. Dr. Minehart is the Operating Room Simulation Officer for the MGH Learning Laboratory.

This course incorporates concepts from the behavior-change fields of coaching, therapy and affective science to promote psychological safety between people. We will explore assumptions and sources of misunderstanding and explore our listening patterns to be more deliberate in choosing the style and focus of listening. We will share an evidence-based emotion response model to build trust.

Participants should prepare by writing a brief description of a misunderstanding or negative interpersonal interaction that left you feeling disappointed or frustrated. We will use these example encounters to illustrate some of the sources of misunderstanding and disconnection and strategies for perspective sharing and improved understanding through more conscious listening.

It's not about dumbing down the message: A plain language communication workshop

Taught by an “interdisciplinary dream team” led by Sophie Soklaridis, PhD, an education researcher and interim Director of Education Research at the Centre for Addiction and Mental Health (CAMH). Joining her will be Hema Zbogar, an accomplished editor with over 15 years of experience in helping scientists, clinicians and researchers at CAMH and beyond to be effective communicators, and Andrew Johnson, who, through his work as the manager of CAMH Publications, leads a team of health communicators within one of Canada’s leading specialty publication programs.

One of the great challenges of effective health communication is translating often very technical information into language understood by non-experts, including patients and their families, funders and the public. The task is complicated when issues of literacy, numeracy and cultural diversity need to be considered and, ideally, surmounted.

Does writing a lay summary of your work feel nearly impossible? Does unpacking highly technical information for an audience of non-experts seem like an insurmountable task? If so, this interactive workshop will provide you with practical plain language principles, skills and processes to help you to communicate your messages with clarity and confidence, and without losing the essence of what you need to say.

Incorporating Mindfulness into Your Daily Life

Taught by Neda Gould, PhD, clinical psychologist and Director of the Mindfulness Program at Johns Hopkins. She is Assistant Professor in the Department of Psychiatry and Behavioral Sciences and also serves as the Associate Director of the Johns Hopkins Bayview Anxiety Clinic. She is a certified Mindfulness-Based Stress Reduction (MBSR) teacher through the UCSD Center for Mindfulness.

Mindfulness meditation is a form of present moment awareness—noticing what is happening inside our bodies and in the world around us as it occurs. This simple construct can have profound implications for stress reduction and well-being, as well as on our ability to be present and compassionate. This workshop will introduce participants to the foundations of mindfulness meditation and how mindfulness meditation can mitigate stress. Participants will engage in several mindfulness meditation exercises, and will consider how mindfulness can be integrated into their daily lives.

Tuesday at 9:00am

What's your bias?: How feedback about implicit bias can improve humanistic faculty development

Taught by Javeed Sukhera, MD, a Child and Adolescent Psychiatrist and PhD Candidate in Health Professions Education. He has made numerous presentations on the topic of implicit bias recognition and management in health professions and conducts a program of research in this area.

Widespread discussion on implicit bias has captured the attention of the academic medical community. If conceptualized as a form of feedback that provides information and provokes a reaction, then information about an individual's implicit biases is a potentially powerful tool to prompt critical self-reflection and stimulate behavioral change. Emerging research on implicit social cognition may provide insights on how to effectively promote the acceptance and integration of emotionally laden feedback for learners and faculty.

After an introductory presentation, attendees will participate in an identity exercise and the discussion will shift to two cases. The session will conclude with large group discussion and consolidation of key points.

LIVE from Chicago: It's "Thriving in Scrubs"! Step inside the podcast

Taught by Abigail Ford Winkel, MD; Annie Robinson, MS; and Aubrie-Ann Jones, MFA, MS. This team has completed a qualitative study of resilience in residents and created a podcast based on the premise that sharing stories allows healthcare workers to support each other and engage with work. Abigail is an OBGYN and Annie and Aubrie have Masters degrees in Narrative Medicine.

The workshop is modeled on narrative medicine sessions we have conducted with OBGYN residents over the past decade and interviews from the study that inspired the podcast. Participants in the workshop will take part in a "mock podcast" which uses reflection on personal stories to discover sources of resilience. The theme for the mock podcast will be "To Err is Human".

Participants in the workshop will work with a partner to discuss the way that perfectionism enters our lives and work. We will discuss as a group the idea of making mistakes and expectations of the field of medicine. Participants will write a short reflective piece to a focused prompt. We will share our work and our reactions to each other's stories.

We hope that participants will leave the workshop refreshed, invigorated and inspired to explore the value of acknowledging vulnerability in cultivating resilience. We as group leaders hope to leave the workshops with new insights about what helps create meaning and reduce burnout for members of our community.

Engaging with qualitative methods & data: Back to basics

See description on page 16.

Intelligent design: Design thinking strategies for organizational well-being

See description on page 18.

TOPIC GROUPS

If your name does not appear on these lists, please choose the topic group you are most interested in.

Advocacy & Health Disparities led by Gaurab Basu and Laura Hirshfield

Last Name	First Name	Project Title	Step Back Group
Ballieu	Robert	Beyond the exam room. A scoping review of the benefits and potential harms of screening for the social determinants of health	Group B
Basu	Gaurab	Health advocacy medical education: Exploration of operational domains, outcomes of interest and core competencies	Group A Facilitator
Figuerola	Evelyn	Teaching humanism through the care of the homeless	Group A
Giffort	Danielle	How do educational interventions related to stigma impact the healthcare of trans patients?: A literature review study	Group A
Hirshfield	Laura	How do educational interventions related to stigma impact the healthcare of trans patients?: A literature review study	Group B Facilitator
Mishori	Ranit	Beyond the exam room. A scoping review of the benefits and potential harms of screening for the social determinants of health	Group A
Pazderka	Matthew	Beyond the exam room. A scoping review of the benefits and potential harms of screening for the social determinants of health	Group A
Simon	Lisa	Building a humanistic framework of care for patients experiencing incarceration: A systematic review of the literature	Group B
Slocum	Chloe	Do physician workforce disparities affect patient care?	Group B
Smith	Grant	The role of organizational culture in optimizing physician well-being: A meta-narrative review of the relationship between organizational culture and engagement in other fields and implications for medicine	Group B
Sukhera	Javeed	Exploring implicit influences on collaborative practice within healthcare teams: A scoping review	Group A
Tobey	Matthew	Building a humanistic framework of care for patients experiencing incarceration: A systematic review of the literature	Group A
Underman	Kelly	How do educational interventions related to stigma impact the healthcare of trans patients?: A literature review study	Group A
Wali	Eisha	Professionalism and discrimination in graduate medical education: Identifying challenges and simulation-based solutions for maintaining professionalism when faced with discrimination	Group A
Weng Elder	Kirsti	Suicide among physicians: A systematic & scoping review of current evidence	Group B
Williams	Rachael	Building a humanistic framework of care for patients experiencing incarceration: A systematic review of the literature	Group B

Arts & Humanities
led by Barret Michalec and Tracy Moniz

Last Name	First Name	Project Title	Step Back Group
Blackie	Michael	Mapping the (mis)alignment between medical humanism and health humanities in medical education: A scoping review	Stay together as a group
Brunskill	Amelia	Mapping the (mis)alignment between medical humanism and health humanities in medical education: A scoping review	
Callender	Brian	Teaching “Drawing the Landscape” workshop	
Czerwiec	MK	Teaching “Drawing the Landscape” workshop	
Michalec	Barret	Humanism and the premedical realm: An exercise in graphic medical education	
Moniz	Tracy	A comparison of physician, patient and caregiver written reflective narratives of illness and care experiences: A scoping review	
Schwartz	Brian	N/A	
Sufian	Sandy	Mapping the (mis)alignment between medical humanism and health humanities in medical education: A scoping review	

**Health Professions Education & the Learning Environment
led by Era Buck and Fred Hafferty**

Last Name	First Name	Project Title	Step Back Group
Benson	Brian	N/A	Group F
Buck	Era	Longitudinal assessment of humanism in medical students: An observational investigation	Group F Facilitator
Cowen	Virginia	N/A	Group F
Doukas	David	Linking classical virtue and care ethics, and professionalism to normative concepts of humanism in medical education	Group F
Frankel	Richard	Exploring the quality of research about professionalism in medicine	Group F
Hafferty	Fred	Humanism and the premedical realm: An exercise in graphic medical education	Group E Facilitator
Kumar	Bharat	Humanistic leadership training in graduate medical education: A scoping review	Group E
Ozar	David	Linking classical virtue and care ethics, and professionalism to normative concepts of humanism in medical education	Group E
Papadakos	Janet	Promoting integration of humanistic competencies into global oncology curricula: A systematic review	Group E
Rowland	Paula	Patient engagement in health professions education: A meta-narrative review	Group E
Rudy	David	Humanistic leadership training in graduate medical education: A scoping review	Group F
Stack	Shobha	The professional and personal lives of residents: How does parenthood affect the trainee work environment?	Group E
Szauter	Karen	Humanism and simulated patients: What can we measure and is there evidence that skills transfer beyond the measurement moment?	Group E
Volpe	Rebecca	Investigating professional identity formation across professions to inform medical education: A systematic review	Group F

Humanism with Patients & Families
led by Marleen Kunneman and Lauge Sokol-Hessner

Last Name	First Name	Project Title	Step Back Group
Alkureishi	Lolita	Advocacy and training to improve patient-centered technology (iPaCT) use in the digital age	Group G
Blanch-Hartigan	Danielle	Advancing humanism in anesthesiology: A meta-analysis and systematic review	Group H
Hall	Judith	Advancing humanism in anesthesiology: A meta-analysis and systematic review	Group G
Hargraves	Ian	Looking for a conversation in shared decision making	Group G
Johnson	Andrew	Where is the family voice? Examining the relational dimension of the family-healthcare provider and its perceived impact on patient care outcomes	Group H
Kane	Gregory	Methods of assessing and communicating the severity of emotional harm due to disrespect: A scoping review	Group H
Kunneman	Marleen	Looking for a conversation in shared decision making	Group H Facilitator
Lee	Wei Wei	Advocacy and training to improve patient-centered technology (iPaCT) use in the digital age	Group H
Lorie	Aine	Best practices for approaching families about organ donation: An evidence-based toolkit for clinicians	Group G
Montori	Victor	Looking for a conversation in shared decision making	Group G
Phillips	Margot	Best practices for approaching families about organ donation: An evidence-based toolkit for clinicians	Group G
Pohl	Charlie	N/A	Group H
Riess	Helen	Best practices for approaching families about organ donation: An evidence-based toolkit for clinicians	Group H
Soklaridis	Sophie	Where is the family voice? Examining the relational dimension of the family-healthcare provider and its perceived impact on patient care outcomes	Group G
Sokol-Hessner	Lauge	Methods of assessing and communicating the severity of emotional harm due to disrespect: A scoping review	Group G Facilitator
Trogen	Brit	Toward a patient-centered model of informed consent	Group G
Zhang	Audrey	Toward a patient-centered model of informed consent	Group H

Well-being & Burnout
led by Larissa Thomas and Colin West

Last Name	First Name	Project Title	Step Back Group
Barman	Linda	Suicide among physicians: A systematic & scoping review of current evidence	Group K
Cherr	Gregory	Engagement in residency: A systematic, meta-narrative literature review	Group K
Crawford	Cecelia	Nurse-to-nurse incivility, hostility, and workplace violence: An integrative scoping review of the evidence	Group J
Gould	Neda	Interventions to prevent burnout among undergraduate and graduate medical education trainees: A systematic review	Group J
Green	Alex	N/A	Group J
Jones	Aubrie-Ann	Thriving in scrubs: Understanding resilience in residents	Group J
Leung	Tiffany	Suicide among physicians: A systematic & scoping review of current evidence	Group K
Orrange	Susan	Engagement in residency: A systematic, meta-narrative literature review	Group J
Pendharkar	Sima	Suicide among physicians: A systematic & scoping review of current evidence	Group J
Pereira-Lima	Karina	Medical errors associated with physician burnout and depressive symptoms: A systematic review and meta-analysis	Group K
Robinson	Annie	Thriving in scrubs: Understanding resilience in residents	Group K
Thomas	Larissa	The role of organizational culture in optimizing physician well-being: A meta-narrative review of the relationship between organizational culture and engagement in other fields and implications for medicine	Group J Facilitator
Tze-Polo	Lisa	Nurse-to-nurse incivility, hostility, and workplace violence: An integrative scoping review of the evidence	Group K
Walsh	Anne Leonpacher	Interventions to prevent burnout among undergraduate and graduate medical education trainees: A systematic review	Group K
West	Colin	Taking care of our own: The Collaborative for Healing and Renewal in Medicine/Arnold P. Gold Foundation Charter on Physician Well-Being	Group K Facilitator
Winkel	Abigail	Thriving in scrubs: Understanding resilience in residents	Group J
Zabinski	Jeffrey	Interventions to prevent burnout among undergraduate and graduate medical education trainees: A systematic review	Group K

WORKSHOP ASSIGNMENTS

Each attendee will be attending three workshops during the Symposium; assignments are below.

Last Name	Monday at 1:15pm	Monday at 2:45pm	Tuesday at 9:00am
Alkureishi	Drawing the Landscape	Incorporating Mindfulness	Intelligent Design
Ballieu	How Accurately Do You Perceive Your Patients?	It's Not About Dumbing Down the Message	Engaging with Qualitative Methods & Data
Barman	Engaging with Qualitative Methods & Data	Incorporating Mindfulness	Live From Chicago
Basu	How Accurately Do You Perceive Your Patients?	Incorporating Mindfulness	What's Your Bias?
Benson	Choose on site	Choose on site	Choose on site
Blackie	Drawing the Landscape	Incorporating Mindfulness	Live From Chicago
Blanch-Hartigan	Teaching	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Bruder	How Accurately Do You Perceive Your Patients?	Incorporating Mindfulness	What's Your Bias?
Brunskill	Beyond PICO	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Buck	Engaging with Qualitative Methods & Data	Incorporating Mindfulness	Intelligent Design
Callender	Teaching	Do You Listen to Respond	Intelligent Design
Cherr	Beyond PICO	Intelligent Design	Engaging with Qualitative Methods & Data
Cleek	How Accurately Do You Perceive Your Patients?	It's Not About Dumbing Down the Message	Intelligent Design
Cowen	Teaching	Intelligent Design	Engaging with Qualitative Methods & Data
Crawford	Beyond PICO	It's Not About Dumbing Down the Message	Engaging with Qualitative Methods & Data
Czerwiec	Teaching	Incorporating Mindfulness	Intelligent Design
Doukas	Beyond PICO	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Figueroa	How Accurately Do You Perceive Your Patients?	Intelligent Design	What's Your Bias?
Frankel	How Accurately Do You Perceive Your Patients?	Intelligent Design	What's Your Bias?
Giffort	Drawing the Landscape	Incorporating Mindfulness	Engaging with Qualitative Methods & Data
Gold	Choose on site	Choose on site	Choose on site
Gould	Drawing the Landscape	Teaching	Intelligent Design
Green	Drawing the Landscape	Intelligent Design	What's Your Bias?

Last Name	Monday at 1:15pm	Monday at 2:45pm	Tuesday at 9:00am
Hafferty	Choose on site	Choose on site	Choose on site
Hall	Teaching	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Hargraves	Drawing the Landscape	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Hirshfield	How Accurately Do You Perceive Your Patients?	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Holmboe	Choose on site	Choose on site	Choose on site
Humphrey	Choose on site	Choose on site	Choose on site
Johnson	Engaging with Qualitative Methods & Data	Teaching	Intelligent Design
Jones	Drawing the Landscape	Do You Listen to Respond	Teaching
Kane	Drawing the Landscape	Intelligent Design	What's Your Bias?
Kumar	Beyond PICO	It's Not About Dumbing Down the Message	Engaging with Qualitative Methods & Data
Kunneman	How Accurately Do You Perceive Your Patients?	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Lee	Drawing the Landscape	Incorporating Mindfulness	Intelligent Design
Leung	Drawing the Landscape	Intelligent Design	Engaging with Qualitative Methods & Data
Levin	Choose on site	Choose on site	Choose on site
Levine	Choose on site	Choose on site	Choose on site
Lorie	Engaging with Qualitative Methods & Data	Do You Listen to Respond	Live From Chicago
Makowski	Drawing the Landscape	Do You Listen to Respond	Intelligent Design
Michalec	Teaching	Incorporating Mindfulness	Teaching
Minehart	Choose on site	Choose on site	Choose on site
Mishori	Engaging with Qualitative Methods & Data	Do You Listen to Respond	Intelligent Design
Moniz	How Accurately Do You Perceive Your Patients?	Incorporating Mindfulness	What's Your Bias?
Montori	Drawing the Landscape	Incorporating Mindfulness	Live From Chicago
Nichols	Choose on site	Choose on site	Choose on site
Orrange	How Accurately Do You Perceive Your Patients?	Incorporating Mindfulness	What's Your Bias?
Ozar	Engaging with Qualitative Methods & Data	Intelligent Design	What's Your Bias?
Papadakos	How Accurately Do You Perceive Your Patients?	Do You Listen to Respond	Intelligent Design
Pazderka	How Accurately Do You Perceive Your Patients?	Do You Listen to Respond	Intelligent Design
Pendharkar	Engaging with Qualitative Methods & Data	Do You Listen to Respond	Choose on site

Last Name	Monday at 1:15pm	Monday at 2:45pm	Tuesday at 9:00am
Pereira-Lima	How Accurately Do You Perceive Your Patients?	Do You Listen to Respond	Intelligent Design
Phillips	Beyond PICO	Intelligent Design	What's Your Bias?
Pohl	Choose on site	Choose on site	Choose on site
Reilly	Drawing the Landscape	Incorporating Mindfulness	Live From Chicago
Riess	Choose on site	Do You Listen to Respond	Intelligent Design
Robinson	Engaging with Qualitative Methods & Data	Intelligent Design	Teaching
Rock	How Accurately Do You Perceive Your Patients?	Teaching	Live From Chicago
Rowland	Beyond PICO	It's Not About Dumbing Down the Message	Intelligent Design
Rubenstein	Teaching	Do You Listen to Respond	Intelligent Design
Rudy	How Accurately Do You Perceive Your Patients?	Incorporating Mindfulness	Intelligent Design
Schwartz	How Accurately Do You Perceive Your Patients?	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Siegler	Choose on site	Choose on site	Choose on site
Simon	Beyond PICO	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Slocum	Choose on site	Choose on site	Choose on site
Smith	How Accurately Do You Perceive Your Patients?	Teaching	Teaching
Soklaridis	How Accurately Do You Perceive Your Patients?	Teaching	Teaching
Sokol-Hessner	Drawing the Landscape	Intelligent Design	What's Your Bias?
Stack	Beyond PICO	Incorporating Mindfulness	Engaging with Qualitative Methods & Data
Sufian	Drawing the Landscape	Intelligent Design	Engaging with Qualitative Methods & Data
Sukhera	Beyond PICO	Intelligent Design	Teaching
Szauter	Beyond PICO	It's Not About Dumbing Down the Message	What's Your Bias?
Thomas	Choose on site	Teaching	Teaching
Tobey	Beyond PICO	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Trogen	Beyond PICO	Intelligent Design	Engaging with Qualitative Methods & Data
Tze-Polo	Beyond PICO	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Underman	How Accurately Do You Perceive Your Patients?	Incorporating Mindfulness	What's Your Bias?

Last Name	Monday at 1:15pm	Monday at 2:45pm	Tuesday at 9:00am
Volpe	Engaging with Qualitative Methods & Data	Incorporating Mindfulness	Intelligent Design
Wali	Beyond PICO	Intelligent Design	Engaging with Qualitative Methods & Data
Walsh	How Accurately Do You Perceive Your Patients?	Incorporating Mindfulness	Engaging with Qualitative Methods & Data
Weng Elder	Engaging with Qualitative Methods & Data	Incorporating Mindfulness	Intelligent Design
West	Engaging with Qualitative Methods & Data	It's Not About Dumbing Down the Message	Intelligent Design
Williams	Beyond PICO	Do You Listen to Respond	Engaging with Qualitative Methods & Data
Winkel	Engaging with Qualitative Methods & Data	Intelligent Design	Teaching
Zabinski	Drawing the Landscape	Incorporating Mindfulness	Intelligent Design
Zbogar	Engaging with Qualitative Methods & Data	Teaching	Intelligent Design
Zhang	Beyond PICO	It's Not About Dumbing Down the Message	Engaging with Qualitative Methods & Data

COMPLETED LITERATURE REVIEW ABSTRACTS

Advocacy & Health Disparities

Defining the Domains of Health Advocacy Medical Education: A Scoping Review

Gaurab Basu, MD MPH; David Osterbur PhD; Danny McCormick, MD, MPH

Background: There is a growing understanding of healthcare professionals' responsibilities as health advocates. This review focused on finding all descriptive and evaluation scholarship written on health advocacy medical education. The research question has been "Does scholarship to date establish clear learning domains for health advocacy medical education?"

Methods: The citations of 20 papers that were highly relevant were uploaded to EndNote. The keywords displaying the highest relevance were used to construct a preliminary PubMed search to find other relevant papers. Eighty-six unique citations were chosen from the first 150 results to further select and refine the terms to use for a systematic search of the literature. Citations resulting from these searches were selected for relevance to our topic. After duplicate citations were removed we recovered a total of 443 citations.

Results: We found 443 citations of that met criteria. In our evaluation of the literature review, less than 10% (40 articles in total) focus on curricular evaluation of advocacy oriented medical education. The rest were descriptive or perspective pieces. Scholarship in this advocacy medical education was disproportionally represented from Canadian medical institutions.

Discussion: Health advocacy medical education scholarship lacks significant evaluation data to measure impact of the curriculum. Without such evaluation scholarship it will be difficult to further develop learning domains and objectives for such curriculum. Our review suggests a lack of robust evaluation data for advocacy curriculum.

Teaching Humanism Through the Care of the Homeless

Maureen Clark, MHS, MLIS; Evelyn Figueroa, MD; Keia Hobbs, MD; Hunter Holt, MD; Michael Jendusa, MD; Meha Patel, MD

Background/Purpose: Homelessness is a global human rights issue, one which is, unfortunately, intimately familiar to Chicagoans. 1 in 22 Chicagoans experienced homelessness in 2014 (125,848), including over 20,000 children. A chronically homeless adult is at 3 to 4 times the risk of mortality as the average American^{1,2} and has unique, complex medical, psychiatric, nutritional, educational and social needs.³ Clinicians serving such vulnerable patients require professional formation that prepares them to provide deeply humanistic care. To the authors' knowledge, there are no published comprehensive reviews of the health professions educational literature addressing humanism and professionalism in teaching and learning homeless care. Our literature review team aims to conduct a scoping review to systematically and rigorously map electronically published, peer-reviewed literature for health professional training focused on caring for the homeless and addressing concepts related to the inculcation of humanism and professionalism in learners and empowerment in patients.

Methods: Comprehensive searches of MEDLINE, CINAHL, EMBASE, Web of Science, ERIC, PsycInfo, Scopus, and EBSCOhost's Professional Development Collection, and targeted searches of Google Scholar, are being conducted by the research team. A search string was composed of dozens of words related to homelessness, health care training, and humanism. Lists of inclusion/exclusion criteria were created to select articles that involved three concept domains: health professional education, health care for the homeless, and values related to humanism and professionalism. Data extraction utilized the "I.E.CARES" framework.⁴

Results: The initial search string resulted in 322 articles from over 10 databases using words related to homelessness, humanism, and health care. The abstracts were selected for those pertaining to health professions education, homelessness, and humanism. 101 articles remained after those procedures and these articles were assigned to the reviewers. The articles were reviewed twice to control for inter-rater variability. Less than 10% of the articles met inclusion criteria. Tree mapping algorithms were programmed into Dedoose software to catalog article themes. The authors found that most articles pertained to graduate health professions education and discussed clinical encounters caring for the homeless. Humanism was mentioned indirectly but not a central theme of the articles.

Conclusions: There is a paucity of completed health professions education research relating to the development of humanism through the care of the homeless. Our review demonstrates an opportunity to promote professional formation through the development of a more intentional teaching of humanism when approaching homeless populations.

References:

1. Henwood, B. F., Byrne, T., & Scriber, B. (2015). Examining mortality among formerly homeless adults enrolled in Housing First: An observational study. *BMC public health*, 15(1), 1209.
2. O'Connell JJ. Premature Mortality in Homeless Populations: A Review of the Literature. Nashville, TN: National Health Care for the Homeless Council Inc; 2005:19.
3. Asgary, R., Naderi, R., Gaughran, M., & Sckell, B. (2016). A collaborative clinical and population-based curriculum for medical students to address primary care needs of the homeless in New York City shelters. *Perspectives on Medical Education*, 1-9.
4. The Arnold Gold Foundation Web site. Available at: (<http://www.gold-foundation.org/about-us/faqs/>). Accessed July 6, 2016.

How Do Educational Interventions Related to Stigma Impact the Healthcare of Trans Patients? A Literature Review Study

Laura E. Hirshfield, PhD; Kelly Underman, PhD; Danielle Giffort, PhD; Maureen Clark, MHS, MLIS, LCPC, CADC

Background: Transgender patients experience worse healthcare outcomes and greater stigma than individuals who are not trans. Some research suggests that inadequate clinical training might exacerbate trans health disparities. However, few studies have explored educational interventions that address stigma and trans patients.

Methods: We conducted a scoping review of the health professions education literature on trans patients, educational interventions, and stigma. We searched seven databases: MEDLINE, CINAHL, EMBASE, Web of Science, PsycInfo, Scopus, and EBSCOhost's Professional Development Collection databases. We conducted supplementary searches of Google Scholar and cited reference tracing ("snowballing").

Preliminary Findings: We screened 1314 articles for inclusion: 174 were assessed for eligibility, and 13 were included in our final qualitative synthesis. Of these studies, the majority (10) focused on workshops or trainings related to LGBT topics, while only three concentrated specifically on trans health. Further, the

educational interventions that do exist largely fail to include information or learning objectives related to the stigma that trans patients face within the healthcare system and society more broadly.

Potential Impact: This review demonstrates that interventions related to LGBT health, and particularly trans health, are becoming more common in the health professions. However, research about these interventions is still sparse and typically relies on data from single-institutions.

Next Steps: Our next step is to complete a manuscript that describes best practices for trans educational interventions focusing on stigma.

Questions for the MTL Community: Is there a body of literature that we are missing? Is there a different way that medical educators are talking about stigma that we aren't capturing?

Arts & Humanities

Storying the Illness and Care Experience through Physician, Patient and Caregiver Lenses: Directions for Narrative Research in Medical Education

Tracy Moniz, PhD; John Costella, MSc, DDS, MLIS; Chris Watling, MD, MMed, PhD, FRCP(C); Lorelei Lingard, PhD

Background: Patient and family caregivers tell different stories about illness and care experiences than their physicians do. Better understanding of the relationships among these narratives could offer insight into intersections and disconnections in patient, caregiver and physician perceptions of illness and care. Such understanding could support enhanced patient-centered care in medical education and practice.

Methods: We conducted a scoping review of literature that comparatively analyzed narratives of illness and care written by physicians, patients and caregivers. A search strategy involving 9 databases located 6,337 citations. Two reviewers independently screened titles and abstracts. Full-text screening followed (n=82), along with handsearching of grey literature and bibliographies. Of these, 22 met inclusion criteria.

Results: Most of the 22 pieces analyzed narratives by patients and caregivers (59%), followed by patients, caregivers and physicians (32%), and patients and physicians (9%). Only 9 pieces compared perspectives. The rest combined narratives for analysis, largely patient and caregiver stories (n=12). Most of the 22 papers used descriptive content analysis to derive themes. Themes of humanity, identity, agency and communication intersect and diverge between groups. What is absent, however, is a more interpretive narrative analysis of structure, orientation and characterization within these narratives, which may reveal even more than their content.

Conclusions: This review offers a cautionary tale of lost potential. Many narratives are gathered and analyzed, but usually only thematically and rarely comparatively. Comparative narrative analysis may enrich understanding of how differences between perspectives come to be and what they mean for the experience of illness and care.

The Use of Comics in Health Education: A Scoping Review of Graphic Medicine

Matthew N. Noe, MSLS; Len Levin, MA, LIS; Suzana K.E. Makowski, MD, MMM

Background: Graphic medicine is defined as the “interaction between the medium of comics and the discourse of healthcare.” This review sought to understand the way comics have been employed in healthcare, particularly in education of healthcare providers, of patients, and of consumers, and what effects, if any, these practices have on the experience of healthcare.

Methods: We conducted a scoping review of the literature, following the methodology of Arksey and O’Malley (2005), suitable for mapping an emerging, unbounded field such as graphic medicine. Searches were conducted twice in six databases. Terms searched centered around numerous ways to name comics (including graphic novel, fotonovella, etc.), the various medical professions (when appropriate), and a focus on education, rather than on diagnostic tools, psychological analysis, or literary analysis.

Results: Our initial searching led to more than 5,000 unique citations, of which some 600 required further evaluation. From there, separating the citations of clear graphic medicine work into educational and otherwise required direct evaluation of each article. Relevant uses were found as early as 1950 with a veritable explosion in recent years.

Discussion: We recommend incorporating reading of comics into medical education and practice as a way of *seeing* the experience of healthcare from multiple perspectives and as an engaging informational tool. We recommend incorporating comics creation as an important reflective tool for students and practitioners alike. Further investigation should focus on specific evaluation of comics as an intervention, in a variety of environments. Better taxonomic description for the field is also needed.

Digital Storytelling in Health Professions Education: A Systematic Review

Katherine A. Moreau, PhD; Kaylee Eady, PhD; Lindsey Sikora, MIS; Tanya Horsley, PhD

Purpose: Digital stories are short videos that combine stand-alone and first-person narratives. This systematic review examined the contexts and purposes for using digital storytelling in health professions education (HPE) as well as its impact on the learning and behaviours of health professionals.

Method: The authors focused on the results of HPE studies gleaned from a larger systematic review that explored digital storytelling in healthcare and HPE. In December 2016, they searched MEDLINE, EMBASE, PsycINFO, CINAHL, and ERIC. They included all English-language studies on digital storytelling that reported at least one outcome from Levels 2 (i.e., learning) or 3 (i.e., behaviour) of The New World Kirkpatrick Model. Two reviewers independently screened articles for inclusion and extracted data.

Results: The comprehensive search (i.e., digital storytelling in healthcare and HPE) resulted in 1486 unique titles and abstracts. Of these, 153 were eligible for full review and 42 pertained to HPE. Sixteen HPE articles were suitable for data extraction. Fourteen focused solely on health professionals’ learning and two investigated health professionals’ learning as well as their behaviour changes. Half represented the undergraduate nursing context. The purposes for using digital storytelling were eclectic. The co-creation of patients’ digital stories with health professionals as well as the creation and use of health professionals’ own digital stories positively enhanced learning. Patients’ digital stories alone had minimal impact on health professionals’ understanding or knowledge gains.

Conclusions: This review highlights the need for additional high-quality research on the impact of digital storytelling in HPE, especially on health professionals' behaviours.

Health Professions Education & the Learning Environment

Patient Involvement in Health Professions Education: A Meta-Narrative Review

Paula Rowland, PhD; Melanie Anderson, MLIS; Arno K. Kumagai, MD; Sarah McMillan, MA; Vijay Sandhu, HBS; Sylvia Langlois, MSc

Background: More than 100 years ago, Osler inspired educators to consider health professions education (HPE) as intricately reliant on patients. Since that time, patient involvement (PI) in HPE has taken on many different meanings. The result is a disparate body of literature that is challenging to search, making it difficult to determine how to continue to build knowledge in the field. To address this problem, we conducted a review of the literature on patient involvement in HPE using a novel meta-narrative approach.

Methods: The aim of our review was to synthesize how questions of patient involvement in HPE have been considered across various research traditions and over time. This involved an iterative search process, resulting in the interpretive analysis of more than 250 sources.

Results: We focus on three research traditions concerned with various iterations of PI in HPE—“patient as teachers”, real patients as standardized patients, and bedside learning—as a way to draw out various meta-narratives in which patients are thought of in particular ways, specific rationales for PI in HPE are offered, and different research designs are put to use in the field.

Discussion: Attending to the intersections between various meta-narratives, we focus on the potentially incommensurate ways in which “active” patient engagement is considered within the broader field and the possible implications. We end by reflecting on these tensions and what they might mean for the future of PI, specifically PI as part of future iterations of competency-based education.

What Do Simulated Patients Add in the Assessment of Humanism?

Karen Szauter, MD; Mark Holden, MD; Era Buck, PhD; Majka Woods, PhD

Background: Assessing humanism is complex. Critical elements to be considered in humanism assessment include context, timing, tools, constructs, and perspective. This work builds on the lattermost element to address what is known about the assessment of humanism from the perspective of simulated patients (SPs). We were interested in gaining insight into both how SPs have been employed in humanism assessment of learners, and whether ratings derived from SPs aligned with other humanism measures.

Methods: We conducted a systematic review of the literature for English language articles published between 1996 and 2015. Our search terms combined humanism (and specific constructs) with simulated/standardized patients, and included the literature for learners in all healthcare disciplines. Specific descriptions of rating tools and SP scoring on humanism items were required inclusion criteria.

Results: Our initial search revealed over 1500 articles; 44 articles met inclusion criteria and were included in the review. The majority of studies described SP ratings of medical students' humanism. SP ratings of

empathy were most commonly reported; often rating of a specific humanism construct was embedded in a communication skills checklist. The graduate medical education literature describes SP assessments of humanism in teaching encounters while examination settings were more common for students. Ratings of humanism by SPs tended to be lower than ratings from other perspectives. A variety of other tools completed by learners showed inconsistent alignment with SP ratings.

Discussion: Humanistic care has many benefits to patients. SPs provide a unique perspective that offers insight into the patient-provider experience.

Does the Research on Professional Identity Formation Suffer from Sociocultural Bias? Early Insights from a Scoping Review and Metasynthesis

Rebecca Volpe, PhD; Margaret Hopkins, MEd; Dan Wolpaw, MD; Paul Haidet, MD; Nancy Adams, MLIS, EdD

Background: Despite a recent surge in literature that identifies professional identity formation (PIF) as a key process in physician development, the empiric study of PIF in medicine remains in its infancy. In an effort to gain additional insights about PIF, we set out to integrate this medical literature with that of two other helping professions.

Methods: We conducted a scoping review and qualitative metasynthesis of PIF in medicine, nursing, and counseling psychology. For the scoping review, multiple database searches were performed using a combination of vocabulary and keywords to yield empiric studies on PIF in a population of trainees. After a two-step screening process, the metasynthesis was conducted on screened articles utilizing thematic analysis.

Results: 7,451 titles and abstracts were identified and subjected to two screening steps resulting in 94 studies included in the scoping review. Of these, 41 articles were reviewed in the qualitative metasynthesis until saturation was achieved.

Discussion: Our metasynthesis revealed five inter-related PIF themes in the caring professions, supporting the importance of clinical experience, the role of mentors, and the impact of broader medical culture/systems. However, upon reflection, it is what we did not find that is most striking: only 11 out of 94 articles examined sociocultural data about study subjects, suggesting that the impact of race/ethnicity, gender, and socioeconomic status on PIF was not considered. This raises the question: Do conceptions of PIF suffer from sociocultural bias, thereby disadvantaging trainees from diverse populations and preserving the status quo of historically white, male medical culture?

The Experience of Parenthood in Graduate Medical Education: A Scoping Review

Shobha W Stack, MD, PhD; Katrin Eurich, MD, MPH; Elizabeth Kaplan, MD; Andrea L Ball, MLS, MSIM; Somnath Mookherjee, MD; Jennifer A Best, MD

Background: As the number of women in medicine has risen, issues relating to parenthood in medical training have become more prominent. Our objective was to examine the experiences, aims, and outcomes described in current literature regarding pregnancy and parenthood within graduate medical education.

Methods: We conducted a scoping review for articles published from 1993 to 2017. Our query framework was a combination of keywords describing *person* (i.e. “resident”) and *parenthood* (i.e. “parental leave”). Editorials, narratives, position statements, and studies describing United States trainees were included.

Data extraction included references to humanism and suggested actions. Descriptive statistics and narrative synthesis were used.

Results: Ninety-three articles met inclusion criteria (40% from surgical journals, 59% studies, 24% editorials, and 10% position statements). Increases in the number of publications were seen in years following the Family Medical Leave Act (1993), resident work hour restrictions (2003), and further work hour limitations (2011). Studies frequently advocated for clear, accessible policies related to pregnancy or parenthood. Policy papers additionally advocated for programs to anticipate resident needs. Editorials often called for recognition of the gravity of childbirth and the emotional intelligence that parenthood brings. Narratives frequently described the stress of resident parenthood, compounded by perceptions of an unaccepting culture.

Discussion: Literature suggests anticipatory and clear program policies could decrease the stress of resident parenthood and avoid colleague discord, potentially creating a positive culture shift. Future inquiry should include parental policy wellbeing outcomes, care for the postpartum resident, and the effect of parenthood on humanism in clinical care.

Humanism with Patients & Families

Technical Versus Humanistic Shared Decision Making: A Systematic Review

Marleen Kunneman, PhD; Michael Gionfriddo, PharmD, PhD; Freddy Toloza-Bonilla; Fania R. Gärtner, PhD; Gabriela Spencer-Bonilla, BA; Ian G. Hargraves, PhD; Pat Erwin, MLS; Victor M. Montori, MD, MSc

Background: Shared decision making (SDM) research and implementation has primarily focused on getting its structure right: to take the right steps at the right time. In judging the quality of SDM, the presence or absence of these technical steps is evaluated, potentially blind to a manifestation of care, a moment of deep human connection, a true conversation. The aim of this systematic review was to assess whether evaluations of the occurrence of SDM include an assessment of how patients and clinicians engaged in humanistic conversations.

Methods: We conducted a systematic review, identifying studies that used an SDM measure. We included prospective studies evaluating and reporting whether and how SDM happened with real-life patients, clinicians, and decisions. We extracted all statements that touched on the concept of humanistic SDM.

Results: Our search yielded 1018 studies, of which we included 14 in the final analysis. We found one study with a general statement on humanism in the context of decision-making, two with statements in their aims, nine that used six scales to measure aspects of humanistic care, two that provided statements of patients or clinicians on humanistic SDM, and five that connected humanism and SDM in the interpretation of their results.

Discussion: While SDM is considered a patient-centered practice, humanistic aspects of the patient-clinician interaction are almost never considered in assessment of SDM. This may indicate that SDM is imagined and deployed as a procedure devoid of the interactional features of humanistic interaction. This apparent lack of patient-centeredness may undermine its efficacy.

Developing a Framework for Health Care Organizations to Describe Patient and Family Harm from Disrespect and Promote Improvement: A Scoping Review

Lauge Sokol-Hessner, MD; Gregory J. Kane, BS, MPH; Catherine L. Annas, JD; Sigall Bell, MD; Margo Coletti, AMLS; Barbara Sarnoff Lee, LICSW; Eric J. Thomas, MD, MPH; Patricia Folcarelli, RN, PhD

Background: Patients and families may experience “non-physical” harm from interactions with the health care system, including emotional, psychological, socio-behavioral, or financial harm. Framing these harms in terms of respect and dignity clarifies the accountability of health care professionals and organizations; although such harms are not always preventable, we aspire to always treat patients and families with respect.

Objective: Develop a practical, improvement-oriented framework for describing patient/family experiences of disrespect or indignity to advance organizations’ capability to prevent non-physical harm.

Methods: PubMed, Embase, PsychINFO, CINAHL, Health Business Elite, and ProQuest Dissertations & Theses: Global: Health & Medicine were searched from their inception through July 2017, for the keywords disrespect, indignity, and their synonyms. Two authors reviewed titles, abstracts, full texts, and reference and cited-by lists to identify articles describing a framework or review of interactions between patients/families and health care systems leading to an experience of disrespect or indignity. Findings were compiled using integrative review methodology.

Results: 3882 abstracts were identified and 24 articles met inclusion criteria. Five elements were identified for consideration when describing and tracking disrespect experienced by patients/families: (1) care process(es) during which disrespect occurs, (2) health care professional behaviors, (3) factors contributing to the occurrence of disrespect, (4) consequences of disrespect, and (5) factors modifying consequence severity.

Discussion: Existing frameworks for understanding disrespect experienced by patients and families from interactions with the health care system have not been generalizable or improvement oriented. The development of such a framework may help organizations better prevent harms.

Well-being & Burnout

Engagement in Residency: A Meta-Narrative Literature Review

Susan M. Orrange, PhD; Roseanne C. Berger, MD; Nell Aronoff, MLS; Gregory S. Cherr, MD; Daniel Sheehan, MD, PhD

Objective: Employee engagement practices that foster increased energy, involvement with fulfilling activities, feelings of control, and professional efficacy are utilized in response to the physician burnout crisis, with extensive research support from the field of psychology. Residents suffer from similar or higher burnout rates than their faculty and other healthcare professionals, yet differ from faculty in their dual role as both employees and learners. Understanding resident engagement through both roles in order to foster the development of humanistic physicians is critical. This review examined how elements of resident engagement are portrayed within the context of higher education, psychology, and medical education literature as related to learning, patient care, and humanistic professional development.

Methods: A meta-narrative review and analysis is being conducted on engagement literature from four research disciplines: Business, Education, Health Science, and Psychology. Meta-narrative literature reviews facilitate an integrated understanding of a topic with historic perspectives from several different research traditions. A literature review form was created and utilized to capture critical elements of each article for analysis.

Results: The review is ongoing. To date, 84 papers were identified for review per the literature review protocol. Forty-four papers have been included in the initial theme analysis: 5 from Business, 13 from Education, 5 papers from Health Science, and 21 from Psychology. The first stage of analysis is identifying emergent themes within each research tradition. Initial analysis indicates that themes include overlapping areas of individual and systemic engagement. Additional articles will be identified and the second phase will compare and contrast themes from all articles.

Conclusion: Exploring and synthesizing multiple research traditions with different philosophical assumptions will widen the scope of engagement opportunities for residents as both employees and learners, not limiting them to engagement practices found to be effective only for employees.

Interventions to Prevent Burnout Among Undergraduate and Graduate Medical Education Trainees: A Systematic Review

Anne L. Walsh, MD; Susan Lehmann, MD; Jeffrey Zabinski, MD; Maria Truskey, MLIS; Taylor Purvis, BA; Neda F. Gould, PhD; Susan Stagno, MD; Margaret S. Chisolm, MD

Purpose: The authors conducted a systematic review of the published literature to identify interventions to prevent burnout among medical students and residents.

Method: The authors searched 10 databases (from the start of each through September 21, 2016) using keywords related to burnout, medical education, and prevention. Teams of two authors independently reviewed the search results to select peer-reviewed, English language articles describing educational interventions to prevent burnout among medical students and/or residents that were evaluated using validated burnout measures. They assessed study quality using the Medical Education Research Study Quality Instrument and the Cochrane Risk of Bias Tool.

Results: Fourteen studies met inclusion criteria and all used the Maslach Burnout Inventory as at least one measure of burnout. None of the 14 studies targeted burnout prevention specifically. In 12 studies, residents were the targeted learners. Six of the 14 studies reported statistically significant changes in burnout scores: 5 reported improvement and 1 reported worsening of burnout. None of the studies with statistically significant results were randomized controlled trials. Of the 5 studies that reported statistically significant benefit, 3 had duty hour changes as the intervention and 2, the addition of a new course.

Conclusions: This review highlights the need for rigorously designed studies in burnout prevention among residents and especially medical students. Improvements in the reliable and valid assessment of burnout among physicians in general and physicians-in-training in particular are also needed, as well as new measures to assess distress emerging from organization-level sources, such as the electronic health record.

COMPLETED ADVOCACY & DISCOVERY ABSTRACTS

Advocacy and Training to Improve Patient-Centered Technology (iPaCT) Use in the Digital Age

Lolita Alkureishi, MD, FAAP; Wei Wei Lee, MD, MPH; Michael Banks, MD; MK Czerwicz, RN, MA; Jacqueline Nichols, BA; Vineet Arora, MD MAPP

Background: EMR use can negatively and positively affect patient-centered communication

Importance: Few providers receive patient-centered EMR use training. There are no patient advocacy tools to encourage patient EMR engagement.

Project: We developed a video and comic highlighting best practices for providers, and a video and comic highlighting patient experiences to encourage EMR engagement and self-advocacy behaviors for patients. We examined comic impacts in General Pediatrics clinics at the University of Chicago. 325 parents received the patient comic prior to their child's visit. 57% of parents agreed provider communication improved compared to prior visit. 72% agreed the comic effectively encourages EMR involvement. Black and Hispanic parents were more likely than white parents to ask to see the screen and be involved, and parents of lower education level were more likely to practice four advocacy behaviors: asking to be involved, calling for providers' attention, feeling empowered to get involved with computer use, and likelihood of getting involved in future. Phone follow-up showed lasting impacts; all parents remembered the comic, and a significant number reported increased self-advocacy behaviors.

We've disseminated our resources at conferences (over 30 institutions have contacted us to implement them at their organizations), on The Doctor's Channel, Doc Com, and the Gold Humanism website. Our toolkit resources are available on these websites, including access to our videos, comics and other tools.

Call for Change: We hope our tools promote patient-centered EMR use and facilitates patient engagement.

Next Steps: Piloting the comic in internal medicine to broaden its applicability, and looking to target use with minority and/or low-to-average education populations since it was most effective in these groups. We are currently enrolling patients in the adult General Internal Medicine Clinic and will study the impact of the comic in this population.

Questions: Thoughts on additional ways to study the resources?

Longitudinal Assessment of Humanism in Medical Students: Do We Know It When We See It?

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

Background: Recent reviews^{1,2} have called for longitudinal study of humanism in medical students utilizing perspectives other than self-report. The use of simulated (standardized) patients (SPs) with medical students is routine in medical education and such encounters have been used to measure empathy.^{3,4,5} This study examined which humanism constructs can be assessed utilizing video-taped encounters of student-SP encounters and what developmental trends or subgroup differences could be discerned.

Methods: This investigation coded archived video-taped encounters from clinical performance experiences in each year of our curriculum using the ICARE scale. Data were double coded to examine interrater reliability. Subjects were 66 students from the graduating class of 2017 comprised of a random sample (n=22) of students with no declared area of concentration, a random sample (n=22) of students participating in an area of concentration not targeting development of humanism, and the 2017 cohort of students (n=22) in an area of concentration promoting humanism. Analyses included correlations to determine coding agreement, descriptive statistics by year for the entire group and for subgroups, and ANOVA to discern differences by group.

Results: Results are pending and will include evidence of variability in scores across three groups of students, as well as whether these data may be useful for program evaluation of curricular components.

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Research on Professionalism: Current State and Future Opportunities

J. Harry Isaacson, MD; Deborah Ziring MD; Fred Hafferty PhD; Adina Kalet MD; Dawn Littleton MLS; Richard M. Frankel PhD

Background: Professionalism is a core concept in medical education and practice. However, the extent to which knowledge about professionalism is anchored in empirical research is largely unknown.

Project goals: Review and identify thematic gaps and funding patterns for research on professionalism since 1980.

Methods: Librarian-assisted MEDLINE search and coding of original research using the Abridged Index Medicus (AIM) of the 119 core clinical journals divided into pre- (1980-2001) and post-(2002-2016) ACGME competency eras.

Findings:

- Over half of pre-competency era research occurred in education, but decreased after 2002, the post-competency era.
- In both eras, most research occurred in single institutions with few consortia and nationally representative samples, making generalization difficult.
- Overwhelmingly, studies in both eras were descriptive, based on convenience samples with few intervention trials.
- Three quarters of pre-competency era studies received funding, compared with less than half after 2002, despite publication of “landmark” empirical studies.
- No government agency or foundation counted professionalism research as a major focus of its portfolio.

Effects: We anticipate that our findings will be part of a “call to action” for researchers, policy makers and funders to place greater emphasis on large-scale studies of professionalism.

Next steps: Disseminate our results in AIM and other high visibility journals.

Questions: What unpublished, empirically based studies of professionalism are you currently aware of?

Communicating with Families of Potential Organ Donors: An Interpersonal Tool for Clinicians

Margot Phillips, MD; Áine Lorie, PhD; Tess Lauricella, BA; Helen Riess, MD

Abstract: Last year we completed a literature review identifying interpersonal factors that influence cross-cultural organ donation requests. We expanded our work with funding provided by the 2017-18 Advocacy Grant to create a toolkit of best communication practices for physicians working with families of potential organ donors.

Our project had four phases: (1) Meetings with members of our regional Organ Procurement Organization (OPO) and with nurses in the Surgical and Neuro ICUs who endorsed a need for additional communication education for medical trainees. (2) Expansion of the 2016-17 literature search criteria to identify best practices in organ donation consent and communication of brain death to families. (3) Creation of an animated teaching tool that summarizes key behaviors for physician communication entitled “SIT & HEAR.” This acronym is relevant to all discussions of end-of-life care and also highlights unique features of communicating with families of potential organ donors. (4) Creation of a toolkit of resources from government and nonprofit organizations and research literature, enabling clinicians to deepen their knowledge of organ donation communication practices and supplement existing training.

Our goal is to enhance humanistic communication with bereaved families and to increase opportunities for life-saving organ donation.

Next steps: Following up with leadership at Massachusetts General Hospital and the regional OPO, New England Donor Services, to discuss distribution or pilot testing of the education tool and toolkit.

Questions: What suggestions do you have for next steps to test this teaching tool? Do you know of any evaluation instruments that would be especially helpful in this case? Any suggestions to improve the tool’s utility or generalizability? What would be the best way to distribute this information?

Where is the Family Voice? Examining the Relational Dimension of the Family-Healthcare Provider and Its Perceived Impact on Patient Care Outcomes

Sophie Soklaridis, PhD; Riley Saikaly, MA; Andrew Johnson, BA; Miriam McCann, MSW, RSW; Jacquelyn Waller-Vintar, BA; David Wiljer, PhD

Background: Using the relationship centered care (RCC) model as a guide; this study aims to explore the relationship between family members and healthcare providers (HCPs) as it relates to how family members can influence the course and outcome of patient care. We used a qualitative research design and collected data through semi-structured interviews to understanding of the experiences of family members in forming relationships with HCPs. We conducted 21 interviews with family members who have been involved in supporting individuals seeking mental health care. Preliminary findings highlight the importance of family involvement in the care and recovery of the patient. Key themes include: the importance of relationship-building; the type and timing of information that families need to support their

loved one through recovery and; the importance of developing intentional communication strategies among this tripartite relationship.

Next steps: We anticipate the findings will change humanistic teaching and practice by providing applied strategies to improve communication between families and HCPs that take into account the privacy and confidentiality of the patient. Our next step is to continue with the data analysis and manuscript write-up.

Questions we have for the MTL community: How are families involved in the care of their loved ones in other areas of medicine? How are decisions made about communication with family members? How does the family perspective enhance/facilitate care delivery?

POSTER PRESENTATIONS

Advocacy & Health Disparities

Sunday

Evaluating Impact of Health Advocacy Curriculum

Gaurab Basu, MD, MPH; Danny McCormick MD, MPH

In a recent paper in *Academic Medicine*, we described the purpose, content and structure of our social medicine and health advocacy curriculum. In this paper, we detail that the primary objective of the curriculum is to sustain the values that motivated residents to train in medicine.

Humanism lies at the heart of the mission of our curriculum. We believe health care professionals cannot provide humanistic care without understanding the underlying social factors influencing their patient's health. Additionally, if we are to prepare the next generation of health professionals to provide humanistic, socially conscious care, we must provide them with robust training.

Our current discovery project is conducting a qualitative study of former participants of our social medicine and research-based health advocacy curriculum. We were interested in the impact of role models and mentorship, and knowledge and skills acquisition. Perhaps most importantly however, we are interested in the impact the course could have on values alignment, inspiration, and self efficacy. Our hypothesis is teaching residents our curriculum could help them feel more empowered to make change in what often feels like an unfair and dysfunctional healthcare system. We have interviewed 15 former course participants and are doing robust qualitative methods, following a Framework Analysis approach to interpret data. Initial findings do suggest that the course did increase self efficacy in residents.

Building a Humanistic Framework of Care for Patients Experiencing Incarceration: A Systematic Review of the Literature

Lisa Simon DMD; David Beckmann MD MPH; Rachael Williams BS; Martha Stone MLIS; Marya Cohen MD MPH; Matthew Tobey MD MPH

Background: Individuals with a history of incarceration are at high risk of poor health outcomes, including death, and people who are incarcerated face unique challenges in receiving ideal care. Correctional health providers have the opportunity to reverse these trends and dramatically improve patients' health, but must also adapt to the correctional setting and structures specific to healthcare within correctional institutions. Humanistic healthcare frameworks may help providers achieve best practices for these vulnerable patients, while improving provider satisfaction and reducing burnout.

Methods: We followed PRISMA guidelines for the design and implementation of a systematic review, developing our search terms based on known examples of relevant articles and subsequent refinement. We conducted searches in Pubmed, Ovid Medline, Ovid Nursing, Ovid PsycInfo, and EBSCO Nursing, Biosis, and Web of Science.

Preliminary Findings: Search results yielded 4467 unique citations, the vast majority of which did not focus on the experiences of correctional providers. All titles and abstracts were screened by at least two authors and consensus was reached on whether citations should be included in subsequent analysis.

Potential Impact: Better understanding the experience of healthcare providers in the correctional setting, and identifying strategies to improve their well-being may reduce staff turnover and burnout, and improve the ability of these providers to provide compassionate and humanistic care to an exceptionally vulnerable population.

Next Steps: Our next steps will be to complete data extraction and quality assessment of articles selected for inclusion, followed by synthesis of common themes within relevant studies, reviews, and narratives.

Questions for the MTL Community: What efforts to decrease burnout and improve clinician well-being can best be adapted to the correctional setting?

Implicit Bias in Clinical Contexts: A Scoping Review

Laura E. Hirshfield, PhD; Maureen Clark, MHS, MLIS, LCPC, CADC; Jennie B. Jarrett, PharmD; BCPS, MMedEd; Alan Schwartz, PhD

Background: Curriculum related to implicit bias has quickly become popular in medical schools; however, most of the empirical literature about how implicit bias functions focuses on bias towards different types of patients, such as bias regarding mental illness, drug use, obesity, race, and sexual or gender identity. These disparate studies have not, as yet, been examined collectively to discover patterns in the practice-based effects of implicit bias in either medicine or in pharmacy contexts.

Methods: In order to synthesize the diverse literature regarding implicit bias in clinical contexts, we chose a scoping review methodology to broadly chart the extent and nature of research in this area. Our literature review is guided by the research questions, “What does current medical and pharmaceutical literature tell us about the impact of implicit bias on clinical treatment?” and “How, if at all, does this impact vary for different forms of bias?”

Preliminary Findings: Given the vast number of studies that address implicit bias in some way, we have spent a significant amount of time in the past few months discussing and debating the appropriate way to map this literature. We have recently finalized our search strategy and our search string and hope to begin the article review process soon. Since receiving the Gold Foundation grant, we have also added an additional member to our team: Dr. Jennie Jarrett, an academic pharmacist.

Potential Impact: Our hope is that beginning to synthesize literature on implicit bias across multiple forms of biases may 1) allow for greater generalization about bias and 2) provide additional insight into mechanisms through which implicit bias functions in clinical settings.

Beyond the Exam Room: A Scoping Review of the Benefits and Potential Harms of Screening for the Social Determinants of Health

Ranit Mishori, MD, MHS, FAAFP; Robert Bailleu, MD, MPH; Matthew Pazderka, MD; Grant Connors, MLS

Background: The social determinants of health (SDoH) are linked to health disparities, and include housing, food insecurity, employment, poverty, and social isolation. Experts believe clinicians should screen for the SDoH, but critics worry that physicians may lack the confidence, time and guidance to screen, feel powerless to address them, and that screening may contribute to patient harm.

Methodology: Via a scoping review to map the field and synthesize existing literature, we have tested some search strategies via Ovid; additional strategies are forthcoming. We are addressing SDoH in stages:

1) Food insecurity; homelessness; 2) social isolation; employment; 3) transportation; poverty; exposure to violence.

Preliminary Findings: the literature on quantifying the benefits and/or harms of screening is very limited. Phase 1 yielded ~ 30 articles. Manuscripts on screening for food insecurity yielded a variety of texts describing programs, offering toolkits and rationale for screening; few addressed specific outcomes; most address pediatric populations. Studies about screening for homelessness (~10) were small, few reviewed specific outcomes, showing screening for housing insecurity may reduce recurrent ER visits; there is clinician satisfaction and empowerment; patients are empowered by discussions about their housing situations;

Potential Impact: screening for specific SDoH may have the potential to address health more comprehensively, but studies are small and of low quality. A research agenda should be developed.

Next Steps: Ongoing synthesis of applicable studies.

Questions for the MTL Community: How do we measure population-level benefits/harms of screening? How do we screen responsively?

Physician Workforce Disparities and Patient Care: A Narrative Review

Adam Tenforde, MD; Allison C. Bean, MD; Chloe Slocum, MD; Cheri A. Blauwet, MD; Ranna Parekh, MD; Hermioni N. Lokko, MD, MPP; Ross D. Zafonte, DO; Julie A. Poorman, PhD; David Osterbur, MS, PhD, MLS; Rebecca Kirch, JD; Julie K. Silver, MD

Background: Ensuring the strength of the physician workforce is essential to optimizing patient care. Yet major problems exist for doctors including inequities in advancement, leaving the profession, high levels of burnout and suicide risk. This narrative review explores whether physicians from underrepresented groups are at high risk for these problems, and if so, how this may affect patient care, especially for the most vulnerable populations. The central question this narrative review explores is: *Do physician workforce disparities affect patient care?* To our knowledge this is the first review to tackle this important question.

Methods: Five databases (PubMed, the Cochrane Library of Systematic Reviews, EMBASE, Web of Knowledge and EBSCO Discovery Service) were searched by a librarian using appropriate search terms for each database. The search terms are appended to the poster. We obtained 440 results from these searches for further analysis.

Preliminary Findings: We have retrieved 441 reports that are relevant to this review. We are currently reviewing each report to determine whether it should be included. In considering each report, we are determining whether it falls into one of the three main sections of the review that include: (1) How do women, minority and other underrepresented physicians support vulnerable patient populations; (2) Does physician burnout disproportionately affect underrepresented physicians and potentially impact vulnerable patient populations?; and, (3) How can physician workforce disparities be addressed to support patient care?

Potential Impact: We hope that our findings will provide guidance to help inform policy, research and practice.

Next Steps: To complete the review of the reports and write the manuscript.

Questions for the MTL Community:

1. What studies have been done that you think are particularly important to include in this review and why?
2. What recommendations do you have for the third section on how physician workforce disparities should be addressed to support patient care?
3. Where would you suggest that we submit this narrative review?

Exploring the Influence of Biases and Stereotypes on Collaborative Practice within Interprofessional Teams

Javeed Sukhera, MD, FRCPC; Shawn Hendrikx, MLIS; Meg Chisolm, MD; Juliette Perzhinsky, MD, MSc; Mark Goldszmidt, MD, PhD, FRCPC; Lorelei Lingard, PhD

Background: Collaborative practice, defined as “an interprofessional process of communication and decision-making that enables the separate and shared knowledge and skills of healthcare providers to synergistically influence the patient care provided,” can be fraught with tensions that often include biases and stereotypes. Individuals with diagnostic expertise (compared to other backgrounds) tend to be the most dominant influences on medical decision-making within interprofessional teams, and indeed, the most powerful members of interprofessional teams are generally unaware of their dominance.

Aim: Our review seeks to explore what is known from the existing literature about how biases and associated behaviours adversely influence collaborative practice within interprofessional healthcare teams?

Methods: We are utilizing scoping review methodology which provides a flexible yet rigorous approach to conduct a comprehensive synthesis of evidence to inform future research and practice. Our team has helped to identify the initial research question and will continue to seek consultation and make iterative changes as the review proceeds.

Results: We screened 2790 unique titles/abstracts for inclusion, of which 397 have been selected for full-text review. Preliminary findings suggest that a theory-informed approach to extraction and analysis may require further consultation and planning once full-text articles are screened.

Next Steps and Question: To complete data extraction and synthesis we will engage in further consultation regarding appropriate charting domains and prepare an extraction table for consultation and review.

Identifying Challenges and Simulation-Based Solutions for Maintaining Professionalism When Residents/Fellows Face Patient Discrimination

Marcie A. Lambrix; Melissa M. Cappaert; Eisha Wali, MD; Jayant M. Pinto, MD FACS; Stephen D. Small, MD; Elizabeth A. Blair, MD FACS

Background: Several cases of physicians facing discrimination from patients (e.g. refusal of care based on race or gender) have been discussed in the literature. Recent media attention to such instances, for example a female Asian-American physician’s account of her experiences treating white supremacists, has highlighted the need for educators to prepare trainees to deal with these experiences.⁵⁻¹⁰

Importance: Experiences with discrimination as a trainee can impact professional development.^{11,12} There is limited data on the type and frequency of discrimination faced by residents/fellows and a dearth of

literature addressing how to teach them to manage patient discrimination. We addressed this gap by collecting information from residents and fellows at our center (voluntary web survey, IRB #17-1701) on this topic.

Initial Findings and Next Steps: The survey is ongoing, however early results indicate that of the 141 respondents thus far, 80 (58%) reported experiencing some form of discrimination. Specifically, noted discrimination from patients WAS based on: age (39%), gender (37%), ethnicity (14%), and race (14%) (n=141). Twenty-seven percent of trainees felt unprepared to manage the situation, and 48% felt the experience had a negative impact on their confidence as a physician.

We intend to share these data with faculty and leadership in the offices of Diversity and Inclusion and Graduate Medical Education to create a collaborative, simulation-based curriculum that will prepare our trainees to manage such discrimination in a professional manner.

Questions for the MTL Community: Would other academic institutions be interested in surveying their trainees? What methods are used to prepare residents/fellows to handle these problems?

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Health Professions Education & the Learning Environment

Sunday

Linking Classical Virtue and Care Ethics, and Professionalism to Normative Concepts of Humanism in Medical Education

David J. Doukas, MD, David T. Ozar, PhD, Martina Darragh, MLS, Janet de Groot, MD, FRCPC, MSc, Brian S. Carter, MD

Background: This project aims to identify those effective linkages that can and should connect virtue and care ethics to humanism, to improve humanism education.

Aim: This literature review is poised to identify how current professionalism teaching pertaining to normative and applied aspects of virtue and care ethics is relevant (and requisite to) learner

understanding of what humanism is and how to operationalize it, and also how students and practicing physicians, and ultimately their patients, can and should benefit from it.

Methods: Our team will identify and research the literature in ethics that highlights aspects of the professionalism literature with an emphasis on Virtue Ethics and Care Ethics that lend themselves to constructs of humanism pedagogy, examining how normative definitions of virtue and care ethics reflect key concepts of humanism and how they are translated into teaching objectives in behavior.

Results: We have begun preliminary analyses of titles and abstracts for inclusion, but this has led to our broadening our search to include full text for circumstances reflecting care and virtue ethics. We retrieved 520 articles and are now evaluating those articles, focusing on the 63 articles self-identified by Abstract or Keyword presence.

Next Steps and Question: To complete our preliminary searches to allow for an in-depth analysis of these data, and the development of sub-searches based on the findings.

Questions for the MTL Community: How might you link virtue/care ethics to your teaching of humanism in medicine?

Promoting Integration of Humanistic Competencies into Global Oncology Curricula: A Systematic Review

Meredith Giuliani, MBBS, MEd, FRCPC; Michaela Broadhurst; Rouhi Fazelzad, MIST, Janneke M. Frambach, PhD; Maria Athina (Tina) Martimianakis, MA, MEd, PhD; Janet Papadakos, MEd, PhD

Background: Cancer is a leading cause of death globally. There is a potential disproportionate focus on global oncology training curricula on medical expert competencies, at the expense of humanistic competencies.

Aim: To answer the following research questions: 1) what competencies are included in existing global oncology curricula, 2) to what extent are humanistic competencies addressed in global oncology curricula and 3) what humanistic competencies are included?

Methods: A comprehensive search strategy was employed in the following databases from inception to November 2017; Medline, EMBASE, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Ovid MEDLINE® Epub Ahead of Print and In-Process & Other Non-Indexed Citations, PsycINFO, all from the OvidSP platform; and CINAHL from EBSCOhost. There were no language or date restrictions. Where available, both controlled vocabulary terms and text words were used in the subject components for oncology curriculum/education and humanistic. The review is conducted according to PRISMA. A librarian iteratively developed the search strategies with us. We independently reviewed the titles/abstracts for potential eligibility and read selected full texts to confirm eligibility.

Results: 24,303 titles were identified and 6049 duplicated were removed. We reviewed 18254 unique titles and 304 abstracts for inclusion, of which 37 were eligible for full review. In-depth screening of relevant articles is ongoing and will be presented at the conference.

Next Steps: Next steps include review of eligible full text curricula for data extraction and synthesis. A pre-determined humanistic competencies framework (HCF) will be applied to analyze the curricular content.

Evaluation and Assessment of an Interprofessional/Interdisciplinary Empathy & Affect Recognition Training Program for Health Pre-Professionals

Barret Michalec, PhD; Frederic W. Hafferty, PhD

Studies have shown that aspects of the educational environment negatively impact health profession students' empathy and their ability and willingness to recognize emotional distress in others. In response, institutions have constructed programs to enhance empathy among their students. However, attempting to "teach" empathy at this stage may be too late (and perhaps too little). Findings from our MTL project suggests that anti-empathy elements are present even in the *premedical* realm. Therefore, it is important to explore the most effective methods to teach health profession hopefuls in the college years in order for the seeds of empathy and other-orientation to take root.

To address this issue, the PI led a 5-week intensive program to train undergraduate health pre-professionals in the experience and skills of empathy including the ability to recognize various affective states in others. The course consisted of in-class didactic learning, formal online training modules (e.g., *Micro Expression Training; Empathetics*) various exercises (e.g., mindful listening, body and emotion scans, journaling, etc.), numerous reflections, and special guest speakers, along with assignments related to key debates and topics.

To explore the "impact" of the course, we designed an evaluation and assessment protocol based on: (1) a series of systematically administered surveys, (2) an analysis of students' reflections and (3) course evaluations. Although we are currently analyzing the survey data, initial analysis of the qualitative data (#3 specifically) suggests students experienced heightened self- and other-awareness as well as enhanced listening skills through taking the course. They expressed strong appreciation for the opportunity to learn with, from, and about others in the health profession fields, with specific assignments (notably the "Feeling Into" Art exercise) being identified as particularly influential.

Humanistic Leadership Training in Medical Education: A Scoping Review

Bharat Kumar, MD MME; Jeff Petit, PhD; David W. Rudy, MD; Heather Healy, MA MLS; Amy Blevins, MALS; Manish Suneja, MD

Background: With the increasing recognition that leadership skills can be acquired, there is a heightened focus on incorporating leadership training throughout all levels of medical education. Leadership is critical in developing, promoting, and sustaining initiatives that uphold humanism. However, there is considerable disagreement regarding how to facilitate acquisition of these skills to learners.

Objectives: (1) to characterize leadership training programs specifically created for trainees in graduate medical education, (2) to identify features of humanistic leadership training programs geared towards learners at all levels, and (3) to evaluate the effectiveness of previously published leadership training programs in promoting humanism.

Methods: Articles were identified through a search of MEDLINE, EMBASE, CINAHL, ERIC, PsycNet, Cochrane Systemic Reviews, and Cochrane Central Register of Controlled Trials from 1948 to 2017. Additional sources were identified through contacting authors and scanning references. Methodological quality was assessed via the MERSQI.

Results: 12 studies, composed of 601 residents, chief residents, and fellows, met eligibility criteria. Nine were prospective case series and three were retrospective. The format, content, and duration of these

programs varied considerably. The majority focused on conflict management, interpersonal skills, and stress management. Four used pre- and post-test surveys, while seven used course evaluations. MERSQI scores ranged from 6 to 9.

Next Steps: We have characterized leadership training programs at the graduate medical education level. This information informs the terms and strategies to be used in our second systematic review specifically identifying humanistic features of leadership training programs.

Arts & Humanities

Monday

Mapping the (Mis)alignment between Medical Humanism and Health Humanities in Medical Education: A Scoping Review

Michael Blackie, PhD; Laura E. Hirshfield, PhD; Sandra Sufian, PhD; Amelia Brunskill, MSIS

Background: Medical Humanism and health/medical humanities are often used interchangeably in medical education, yet these fields also contain distinct content areas and concerns which are obscured by this conflation. The following question frames our review: "What is the process by which medical humanism and health/medical humanities become conflated, and when and where do they align?"

Methods: Our scoping review followed Arksey and O'Malley's general methodological framework for the purpose of charting the available literature that referenced links between medical humanism and health/medical humanities in the context of undergraduate medical education. Our systematic search strategy targeted the intersection of three keywords – medical education, medical humanism, and health/medical humanities – in the PubMed, CINAHL, EMBASE, and EBSCOhost's Professional Development Collection Databases.

Preliminary Findings: Search results netted 6,048 unique citations. Of those citations, we identified 383 relevant articles for further review.

Potential Impact: By uncovering processes that produce (mis)alignment, our review will identify distinct boundaries between these two fields, thereby assisting educators in the design of even more precise, effective interventions for teaching humanism.

Next Steps: Begin analyzing the compiled literature in order to pinpoint where and when conflation between the terms, content, and learning objectives occurs, and identify areas of overlap, intersection, and distinction between the fields of humanism and health/medical humanities.

Humanism and the Premedical Realm: An Exercise in Graphic Medical Education

Barret Michalec, PhD; Ian Sampson, MFA; Frederic W. Hafferty, PhD

Background: A key finding of the initial (2016) MTL project on humanism in the premed realm was that 107 years of literature on premedical education and experience has yielded only vague understandings of the *what*, *if*, and *how* of humanism within the premed path and among premed students. Besides a spotlight on how various admissions-related factors (e.g., MCAT, science-focused coursework, scholastic-related stress) function as potential culprits in possibly dampening humanism among premeds, there is little discussion regarding "where" humanism actually "is" along the premed path. This led us to question if,

how, and where premedical students experience and practice humanism.

To address these questions, we are currently interviewing 20 premedical students about their experiences with, perspectives on, and attitudes towards humanism in relation to their premed journey. Initial interviews suggest that although humanism and humanistic traits are appreciated among premedical students, very few have the opportunity to formally or even informally experience and/or practice these attributes during the premed path. Furthermore, this dearth of opportunity often is seen not to be a problem per-se because, from the premed perspective, the medical school admission process, including, but not limited to, premed advising and the medical school application and admissions processes are more interested in other qualities, particularly those (GPAs and MCATs) measuring academic performance.

Findings from this study will be used to produce publishable manuscripts including a graphic novel based on the premedical experience - something we are hoping will be utilized by premed students, premed advisors, and medical school admissions committees.

Humanism with Patients & Families

Monday

Advancing Humanism in Anesthesiology: A Meta-Analysis and Systematic Review

Danielle Blanch-Hartigan, PhD, MPH; Mollie A. Ruben, PhD; Kristina Bogdan, BS; David B. Waisel, MD; Richard H. Blum, MD, MSE; Elaine C. Meyer, PhD, RN; Judith A. Hall, PhD; Lisa Curtin, MLIS

Background: Anesthesiology is characterized by weighty interactions with patients, decision-making with complex clinical and ethical considerations, and team-based and handoff communication. Advanced training for anesthesiologists, in particular simulation-based training and assessment, lack a comprehensive focus on aspects of humanistic principles including communication, ethics, and empathy.

Methods: We performed a systematic search for articles using the database MEDLINE with the terms [(communicat* OR empath* OR "patient centered" OR humanism OR professionalism OR ethic* OR integrity OR altruis* OR compassion* OR respect* OR relation*) AND (anest* OR anaest* OR perioperative) AND (train* OR skill* OR educat* OR interven* OR simulat* OR competen*)]

Preliminary Findings: We reviewed 16,594 titles for inclusion which resulted in 5783 abstracts to review. An extensive review of these abstracts has resulted in 1251 potential articles that meet inclusion criteria. An additional 2276 articles are flagged as potentially relevant background but do not include an intervention. The 1251 articles include studies about teamwork, communication, patient safety, burnout/stress management, and patient education among other humanistic themes.

Potential Impact: The primary goal of this literature review is to identify anesthesia best-practices for advancing humanism.

Next Steps: The next step is to narrow down the focus of the review(s) and do a full text search of included articles.

Questions for the MTL Community: What aspects of humanism in anesthesiology we should focus on for this review? How should we prioritize additional reviews that could come from this search?

Toward a Patient-Centered Model of Informed Consent: Examining the Evidence

Brit Trogen, MD, MS; Audrey Zhang, AB; Joey Nicholson, MLIS, MPH; Katie Grogan, DMH, MA; Barron Lerner, MD, PhD; Arthur Caplan, PhD

Background: Physicians, medical educators, and ethicists have shown interest in reforming the practice of obtaining informed consent into a “patient-centered” model by increasing transparency, communication, and shared decision-making in the consent process. This review of the available evidence will help administrators and medical educators understand how best to improve existing consent procedures to maximize patient and provider benefits.

Methods/Results: An initial search using keywords and subject headings for the concepts of patient-centeredness and informed consent was conducted across PubMed/MEDLINE, Embase, Cochrane CENTRAL, PsycINFO, and CINAHL Complete. Our initial search yielded 6,169 citations. Two screeners selected 452 articles at the title/abstract level for further review. Articles will be screened for full-text review focusing on studies in which informed consent was examined prospectively and empirically. A data abstraction form will be used for thematic analysis of the literature.

Preliminary Findings: A significant body of research has examined the perspectives of patients and medical professionals towards various aspects of informed consent including the medical information provided, the mode of delivery, and the ethico-legal framework within which consent functions. Responding to these, many proposals have been put forward regarding interventions to improve informed consent. However, the literature examining these interventions empirically is largely limited to those that increase information delivery or reference materials for patients. In order to enhance the teaching and practice of informed consent, further research is recommended on interventions that measurably impact patient satisfaction and provider wellbeing.

Reflecting on Shared Decision Making: A Reflection-Quantification Study

Marleen Kunneman, PhD; Ian G. Hargraves, PhD; Megan E. Branda, MS; Naykky Singh Ospina, MD, MS; Abd M. Abu Dabrh, MBBCh, MS; Kathleen J. Yost, PhD; Richard M. Frankel, PhD; Victor M. Montori, MD, MSc

Patient self-reported measures of shared decision making (SDM) are limited by ceiling and halo effects. Asking patients to reflect on their encounter(s) may help them consider more closely the quality of SDM beyond general satisfaction. The aim of this study is to assess whether reflection can improve the validity and responsiveness of patient-reported SDM evaluations.

We are conducting a patient-level multicenter randomized trial, recruiting patients who are seeing their family physician/endocrinologist. We will compare SDM as measured by CollaboRATE with and without preceding reflection questions. Five open-ended reflection questions address what about the conversation went well and what could be improved upon, signs that the clinician understood the patient’s situation, how the situation was addressed, and why that makes sense. A linear analogue self-assessment scale assesses how much sense the plan of care makes (0 “As little as can be” to 10 “As much as can be”). We will compare the distribution of SDM questionnaire responses between arms and will qualitatively analyze patients’ written reflections to understand congruence, or lack thereof, between their narrative and numerical responses.

We expect to have completed 200 surveys from two medical centers by the end of April. Our project will shed light on the value of argumentation and human judgement in evaluating SDM. If our hypothesis is supported, this will impact research on the occurrence and effects of SDM (interventions), and change the language on SDM in research, practice and training.

Well-being & Burnout

Monday

Nurse-to-Nurse Incivility, Hostility, and Workplace Violence: An Integrative Scoping Review of the Evidence

Cecelia L. Crawford, DNP, RN; Emma Cuenca, DNP, RN, CCRN, CNS; Frances Chu, MLIS, MSN, RN; Lisa Tze-Polo, BSN, RN; Lorie Judson, PhD, RN, NP; Cindy Runnels, MLIS; Lina N. Kavar, PhD, RN, CNS; A.J. Jadalla, PhD, RN

Background: Workplace incivility threatens nurses' health and contributes to negative organizational/personal outcomes. Healthcare organizations must determine what contributes to uncivil workplaces. We sought to describe the phenomenon of nurse incivility and related concepts.

Aim: Answer the question: What is the evidence concerning nurse-to-nurse incivility, hostility, and workplace violence for students, academic faculty, new graduate, and experienced nurses in the acute care setting?

Methods: The scoping review was guided by methods developed by Cooper, Ganong, and Stetler. Thematic analysis identified gaps, discovered commonalities, synthesized results, and reported findings during team discussion and consensus.

Literature Sources Searched: Database searches were individualized by medical librarians for CINAHL, PubMed, ERIC, Embase, PsycINFO, and Cochrane Libraries from 2010 to 2016.

Findings: The search yielded 293 relevant hits. Examination rounds finalized the 21 remaining articles. Articles were appraised using the Academy of Evidence-Based Practice Evidence Leveling System and Johns Hopkins Evidence Appraisal tools, with a final grade of low-to-moderate quality.

Conclusions/Potential Impact: All nurses should reflect upon the nursing world they wish to live in and what prevents them from achieving it. Clear terminology is needed for role clarity and effective interventions that promote civil behavior. The evidence offers healthcare leaders evidence-based tools, resources, and structured information to promote a civil culture as an essential function of a humane practice environment.

Next steps: The review was completed June 2017. A publishable manuscript will be written with updated evidence.

Questions: How can healthcare leaders thoroughly understand incivility and promote patient-centric care within humanistic practice environments?

Suicide Among Physicians: A Scoping Review and Systematic Review of Current Evidence

Tiffany I. Leung, MD, MPH, FACP; Sima Pendharkar, MD, MPH, FACP; Chwen-Yuen Angie Chen, MD, FACP, FASAM; Matthew Goldenberg, DO; Rebecca Snyder, MSIS

Background: Physician suicide is frequent, global, and disproportionately affects women physicians. Clearer understanding of physician suicide is needed to better address the disconnect between practicing humanistic medicine, yet failing to be humanistic to ourselves and one another.

Aim: This review aims to: (1) map the landscape of physician suicide research, (2) propose recommendations for a research agenda and other efforts towards prevention.

Methods: Inclusion criteria were journal publications, including opinion/perspective publications, that focus primarily on physician suicide. Exclusion criteria were non-English or media publications. Our medical librarian constructed a search of Ovid MEDLINE and PsycINFO iteratively with us.

Results: We reviewed 1,344 titles/abstracts for inclusion, resulting in 418 full-text reviews. Of these, 147 have been included to date, and tagged with relevant keywords by at least two reviewers. After quality assessment, further data extraction will follow. The earliest publications were from 1968. More than 59% were published in 2000 or later. There were 45 opinion/perspective publications (31%), 21 epidemiologic studies (41%), and 15 publications describing physician suicide cases or stories. Eight described preventative interventions, although seven were opinion/perspective pieces. Common topics included: mental health (n=38), lethality or method of suicide (n=23), and substance misuse (n=19).

Impact and Next Steps: This review could potentially inform a research agenda, evidence-based policy and interventions to address physician suicide. Further work remains, including additional citations to process. Physician suicide is stigmatizing -- a significant barrier to prevention. Increased awareness of knowledge gaps surrounding this tragic outcome offers opportunities to intervene and potentially save physicians' lives.

Taking Care of Our Own: The Collaborative for Healing and Renewal in Medicine/Arnold P. Gold Foundation Charter on Physician Well-Being

Jonathan Ripp, MD, MPH; Hasan Bazari, MD; Larissa Thomas, MD; Liz Gaufberg, MD, MPH; Colin P. West, MD, PhD

Background: Dedication to serving the interest of the patient is at the heart of medicine's contract with society. Physicians are best able to meaningfully connect with and care for patients when they themselves are well. Furthering these ideals within the culture of medicine and across its diverse members will strengthen health care teams, improve health care system performance, and ultimately sustain medicine's ability to serve patient needs.

Project Description and Outcomes: In 2017, we convened a meeting of more than 20 leaders across multiple domains of medicine. The result of this meeting was the *Charter on Physician Well-Being*, which sets forth four guiding principles and eight key commitments as a framework for individuals, organizations, health systems, and the medical profession to address physician well-being from medical training through a full career.

Governing bodies and policymakers can use this charter to advance a high-functioning health care system by ensuring that policies and regulations align with best practices that promote physician well-being.

Organizations can use it to identify strategic priorities and interventions that can maximize meaning, engagement, and effectiveness. Individual physicians can use this charter to work with local and national partners on advocacy efforts and collaborative solutions, and to guide their own practices in service of both patient needs and individual fulfillment. The *Charter on Physician Well-Being* is intended to inspire collaborative efforts among individuals, organizations, health systems, and the profession of medicine to honor our collective commitment to our patients and to each other.

Already endorsed by more than a dozen major medical organizations, the Charter has been published in *JAMA*. Next steps include development of a website and continued collection of endorsements from health care stakeholders.

Medical Errors Associated with Physician Burnout and Depressive Symptoms: A Systematic Review and Meta-Analysis

Karina Pereira-Lima, MSc; Douglas Alexander Mata, MPH; José Alexandre Crippa, MD. PhD; Sonia Regina Loureiro, PhD; Srijan Sen, MD, PhD

Background: Studies have suggested that the presence of burnout and depressive symptoms in physicians is associated with an increased risk for medical errors, which is an important indicator of quality in patient care. However, estimates of increased risk for medical errors in physicians with burnout and/or depressive symptoms are widely variable across different studies. We are conducting a systematic review and meta-analysis of studies reporting data on physician burnout and depressive symptoms associated with medical errors.

Methods: MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and ERIC were searched from inception to January 18th, 2018 using the approach recommended by PRISMA. Risk of bias was evaluated with a modified version of the Newcastle-Ottawa Scale (NOS) assessing sample representativeness and size, comparability between respondents and nonrespondents, ascertainment of depressive symptoms and burnout indicators, and statistical quality of nonrandomized studies.

Preliminary findings: After removing duplicates, a total of 8513 titles/abstracts were reviewed for inclusion, of which 117 were eligible for full text review. Presently, data from 21 (14 cross-sectional and 7 longitudinal) manuscripts have been extracted. A total of 18 manuscripts had data on medical errors associated with physician burnout and 11 presented data on associations between medical errors and depressive symptoms. Fifteen studies included exclusively resident physicians, three included only practicing physicians, and three studies included both practicing and resident physicians. Most studies (15) included were judged to be at low risk of bias (NOS>3).

Next steps: To complete data analysis, and to develop the manuscript.

The Role of Organizational Culture in Optimizing Physician Well-being: A Metanarrative Review of Findings from Medicine and Other Disciplines

Larissa Thomas, MD, MPH; Timothy Judson, MD, MPH; Catherine Lucey, MD; Evans Whitaker, MD, MLIS; Dan Dohan, PhD; Sumant Ranji, MD

Background: A mismatch between organizational culture and employee values can contribute to burnout. However, no template exists to guide leaders who seek to promote a culture that enhances physician well-being. Lessons from other fields with a tradition emphasizing organizational culture to improve employee engagement may have relevance for medicine.

Methods: Using a metanarrative review process, we performed an initial scoping search using search terms in PubMed, Web of Science and Embase, to identify disciplines in which literature on this topic might be found. We then identified and interviewed discipline experts to determine criteria for assessing methodologic rigor within each field, seminal papers, and theories that have been used to explain the relationship between organizational culture and well-being.

Preliminary Findings: The following fields outside of medicine have relevant traditions: behavioral economics, business, law, management, medicine, nursing, organizational psychology, technology, social work, and sociology/ethnography, with some overlap across disciplines. We have begun initial discipline-based search strategies, including a nested review of interventional studies on this topic in medicine.

Potential Impact: Understanding lessons from other research traditions may inform efforts to improve physician well-being within medicine.

Next Steps: We will begin using seminal works and literature searches to identify and review additional references until we reach saturation. Using these strategies, we will create a metanarrative map of research traditions and explanatory theories and with external verification of trustability.

Questions for the MTL Community: Advice for the synthesis/analysis phase of metanarrative review? Advice for keeping the scope manageable and evaluating whether saturation has been reached?

Thriving in Scrubs: Understanding Physician Resilience

Abigail Ford Winkel, MD, MHPE, Annie Robinson, MS, Aubrie-Ann Jones, MS, MFA, Allison Squires, PhD, RN, FAAN

Background: Our Discovery Grant review of reflection in graduate medical education suggested that reflection as a teaching tool may help solidify professional values and enhance connections with a community of practice (1). Narrative medicine is one such tool that uses reflection to help physicians understand their own journeys and recognize shared experiences with their patients and colleagues (2). In other research, we found that a narrative medicine curriculum for obstetrics and gynecology residents reduces burnout (3,4). We undertook a grounded theory study of this phenomenon, which resulted in a model of resilience as a developmental phenomenon that grows within the physician's sense of their place in personal and professional spheres as they engage with challenges within the work (5). As we shared the outcomes of this research with participating residents, they responded powerfully to the anonymous thoughts of their peers who grappled with the similar vulnerabilities that they recognized within their own experiences. Our Advocacy Project seeks to leverage the technology of podcasting to share these stories over a larger audience, expanding the benefit of building resilience through community as we care for patients. We anticipate that this will be an entertaining and accessible way to help foster connections and reflection, and address some of the isolation that contributes to the burnout experienced by healthcare professionals.

Brief Description of the Project: After finalizing the longitudinal qualitative analysis of the participants in our resilience research, we will use themes that emerge within the developmental theory of resilience to inform a series of podcasts, called "Thriving in Scrubs". In the podcast, guests will share stories that relate to a chosen theme. The podcast facilitators will interlay these stories with commentary that draws connections and expands on insights shared by the guests. We anticipate that these stories will be fresh and restorative views on the challenges of working in the modern healthcare system, and provide hope,

insight and entertainment for students, trainees, practicing physicians and educators. We hope that this increased awareness of shared humanity will cultivate compassion in patient care, and encourage physicians to care for themselves and each other as they pursue this work.

Next Steps: We have completed the manuscript and are in the process of revising it for publication. We generated an initial list of themes for the podcast series and have recorded segments with one resident for the episode on “Normal People”. We have selected music for the podcast, and are editing the interview and the accompanying commentary to produce the first podcast. We have an email (thrivinginscrubs@gmail.com), Twitter (@thrivingpodcast) and Instagram (@thrivinginscrubs) handles, and a podcast hosting platform identified for the website (thrivinginscrubs.org). We are in the process of recruiting participants to speak with us on the other initial chosen topics. We hope to gain insights from our MTL symposium “mock podcast” workshop on the topic “To Err is Human”, and thus expand how this podcast can be most effective in reaching our audience.

Questions for the MTL community:

- Are there stories about your own journey as a healthcare professional that you would be interested in telling on “Thriving in Scrubs”?
 - Do you know someone else who would be interested in participating as a guest?
 - Do you have ideas for disseminating the podcast?
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Lolita is an Assistant Professor in Academic Pediatrics at the University of Chicago. Her research interest lies in developing curricula on how medical providers can use the Electronic Medical Record (EMR) and technology with patients in a collaborative manner in order to enhance communication and understanding. Last year, she and her colleagues, Drs. Wei Wei Lee and Vinny Arora, completed a literature search on patient-centered EMR use. With the support of the Gold Foundation, their work "Advocacy and Training to Improve Patient-Centered Technology (iPaCT) Use in the Digital Age" hopes to translate their best practice findings into a set of practical communication resources for providers and patients alike.



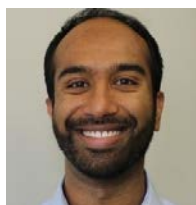
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Dr. Robert Baillieu is a board certified Family Physician and Health Policy Fellow at the AAFP Robert Graham Center, The US Health Resources and Services Administration and Georgetown University. His research interests include the social determinants of health, medical education, resource allocation and efficiency, the physician workforce and health information technology.



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Dr. Linda Barman is an Assistant Clinical Professor, Stanford School of Medicine and Associate Clinic Director, Stanford Express Care. Trained at the county, now in academic medicine. Still puzzled that Stanford hired her. Has friends in low places. Internist, mom, marathoner (anybody want to go for a run in Chicago?), part-time pony trainer. Drinks too much coffee and swears too much. Weaknesses: anything involving coordination, ophthalmology, being political. Strengths: suspecting TB, pus, recognizes that physicians are human too and is short. Terrible dancer but does it anyways.



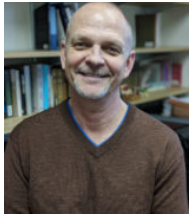
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Gaurab Basu is a primary care physician at Cambridge Health Alliance, instructor at Harvard Medical School and co-director of the CHA Internal Medicine Social Medicine and Health Advocacy Curriculum. His interests are in health equity, global health and health advocacy curriculum. His Gold Foundation project includes a literature review on published accounts of health advocacy curriculum, which will help in advocating for a health advocacy competency framework for postgraduate medical education. Gaurab is a sports fan and follows his Bay Area sports team and is very excited to be a part of the Gold Foundation community.



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Brian Benson, MD, FACS is a board-certified Otolaryngologist–Head & Neck Surgeon and fellowship trained Laryngologist as well as a member of the Board of the Arnold P. Gold Foundation. He specializes in disorders of the voice and swallowing, as well as in head and neck cancer. Dr. Benson established the Voice Center at Hackensack University Medical Center and serves as its Director. He received his medical degree from the Columbia University College of Physicians and Surgeons and continued his training in Otolaryngology at the University of Medicine and Dentistry, New Jersey Medical School (UMDNJ). Dr. Benson then returned to Columbia University for a laryngology fellowship where he received additional training in neurolaryngology, minimally-invasive laryngeal cancer surgery, swallowing disorders, and care of the professional voice.



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Michael Blackie, PhD is Visiting Associate Professor of Health Humanities in the Department of Medical Education in the College of Medicine at the University of Illinois, Chicago. He has published widely in health humanities pedagogy and medical education. Trained in literary studies, his scholarly and teaching interests include death and dying, health humanities, narrative medicine, and medical education. Before coming to UIC, Blackie co-directed the Center for Literature and Medicine and chaired the Department of Biomedical Humanities, both at Hiram College, and co-directed the humanities curriculum at Northeast Ohio Medical University. He received his doctorate in English from the University of Southern California, where he taught narrative medicine courses at the Keck School of Medicine. He is associate editor of *The Journal of Medical Humanities*, book review editor for *Literature and Medicine*, and editor of the *Literature and Medicine* book series published by Kent State University Press.



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Danielle Blanch-Hartigan, PhD, MPH is an Assistant Professor in the Department of Natural and Applied Sciences at Bentley University in Waltham, MA. Her interdisciplinary research in psychology and public health aims to improve the patient experience and foster patient-centered care through better communication. Dr. Blanch-Hartigan holds a PhD in social psychology from Northeastern University, where she focused on the ability of healthcare providers to recognize patients verbal and nonverbal emotions. Dr. Blanch-Hartigan then completed a Masters in Public Health from Harvard School of Public Health and postdoctoral training in the Behavioral Research Program and Office of Cancer Survivorship at the National Cancer Institute, where she studied cancer patients' and survivors' care experience and communication with healthcare providers. At Bentley University, Dr. Blanch-Hartigan directs Bentley's Health Thought Leadership Network, a collaborative research network of Bentley faculty and external stakeholders bridging boundaries of academia, healthcare, and industry.



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Ann has been with the Arnold P. Gold Foundation for more than 16 years, working to foster more compassionate and humanistic medical care. As Director of Program Initiatives she has worked with medical schools, teaching hospitals and other organizations to design, implement and disseminate programs that nurture and promote the required skills to provide patient care that is respectful, inclusive and compassionate. Prior to her time with the Gold Foundation, Ann worked in the international trade and development field for non-profit organizations and U.S. Governmental agencies. She holds a Master's degree from Columbia University, and a Bachelor's Degree from Principia College. She currently lives in Indianapolis with her husband and two teenage girls.



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Amelia Brunskill is a Visiting Assistant Professor at the University of Illinois at Chicago, where she also serves as the liaison librarian for the College of Applied Health Sciences. In this role, she works closely with faculty and students, providing information literacy instruction, and research consultations. Prior to her work at UIC, she managed collection development and electronic resources at DePaul University, and served as the liaison librarian for the sciences at Dickinson College. Her current research interests center around the accessibility of library resources and services for patrons with disabilities.



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Era Buck, PhD is a Senior Medical Educator in the Office of Educational Development and an Associate Professor of Family Medicine at UTMB in Galveston. During twenty years in undergraduate and graduate medical education, her work has included faculty development, program evaluation, and health professions education research. Her publications and presentations encompass a broad range of topics including national presentations about developing professional identity formation and assessment of humanism. She is actively working on projects related to assessment in competency-based education, professional identity formation and humanism. She is an active participant in the Mapping the Landscape community, on teams for 3 literature reviews and 1 discovery project.



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Gregory Cherr, MD, FACS is Associate Professor of Surgery and Assistant Dean for Graduate Medical Education at the University at Buffalo. A practicing vascular surgeon, he has also previously served as a clerkship director, general surgery program director, and Vice-Chair for Education in the Department of Surgery at UB. A native of Rochester, NY, he did his surgical training at Tufts-New England Medical Center and Wake Forest University, where he also completed an NIH training grant in the pathobiology of vascular disease program. He is a previous recipient of the Leonard Tow Humanism in Medicine Award at UB, and currently a member of the Gold Humanism Honor Society Advisory Council and chair of the GHHS program committee. Outside of work, he enjoys canoeing, birding, and skiing with his family, and racing bicycles.



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Elizabeth Cleek, PsyD, is Chief Program Officer and Vice President at the Arnold P. Gold Foundation. In this role, she oversees Gold program initiatives, develops partnerships that bring new innovation to the organization, and implements strategic priorities important for continuing the Gold Foundation's mission. Prior to her work at the Gold Foundation, Dr. Cleek was the Chief Innovations Officer for a multi-service non-profit agency, where she was responsible for training in evidence-based, outcomes driven and person-centered programming. Additionally, Dr. Cleek spearheaded the development of the agency's outcomes evaluation framework and supported the design and development of numerous initiatives for innovative programming, one of which was awarded a SAMHSA Science and Service Award. Dr. Cleek is a graduate of the Graduate School of Applied and Professional Psychology at Rutgers University (PsyD); the Teachers College at Columbia University (MA), and Clark University (BA).



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Virginia S. Cowen, PhD is a researcher, writer, and educator. Her work focuses on the integration of therapeutic bodywork into the broader health and wellness arena. Formerly the Director of Education in the Institute for Complementary and Alternative Medicine at the University of Medicine and Dentistry of New Jersey, she earned a PhD in curriculum & instruction from Arizona State University and an MA in applied physiology from Columbia University. Dr. Cowen has developed courses and curriculum in integrative healthcare practice, health & wellness coaching, and evidence-based medicine. She developed a vertically integrated curriculum for the Rutgers University physician assistant program in evidence-based medicine with an emphasis on comparative-effectiveness research. Her YouTube channel provides research skill tutorials. She is actively developing collaborations on educational research.



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Dr. Cecilia Crawford has been a nursing champion for over 36 years. During 19 years at the bedside, Cecelia made multiple contributions to medical-surgical, critical care, and burn nursing. Dr. Crawford joined Kaiser Permanente Southern California Patient Care Services and the Regional Nursing Research Program in 2005. Her work is related to the evaluation and synthesis of evidence for patient care, clinical practice, and healthcare programs. She is the founder and leader of the Academy for Evidence-Based Practice, where she provides mentorship in evidence appraisal. She has completed 47 evidence reviews and created resources for program evaluations related to a variety of clinical topics. Dr. Crawford's publications describe results of research studies, evidence reviews, and other relevant topics. Cecelia's vision is to translate the evidence so it is meaningful for healthcare clinicians and make the evidence accessible to the people who need it - the nurse and the patient.



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MK Czerwiec, RN, MA is a Senior Fellow of the George Washington School of Nursing Center for Health Policy and Media Engagement and Artist-in-Residence at Northwestern Feinberg School of Medicine. Her clinical nursing experience is in HIV/AIDS care and hospice care. MK has been making comics under the pseudonym Comic Nurse since 2000. She co-runs GraphicMedicine.org a website devoted to the intersection of comics and health. Her graphic memoir, *Taking Turns: Stories from HIV/AIDS Care Unit 371* is believed to be the first graphic memoir by a nurse and was chosen as a "Best of 2017" by JAMA. She is a co-author of many journal articles and the Eisner Award nominated Graphic Medicine Manifesto which maps the field of Graphic Medicine.



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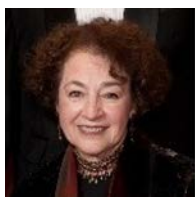
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Danielle Giffort, PhD, is an Assistant Professor of Medical Sociology at the St. Louis College of Pharmacy. She received her PhD from the Department of Sociology at the University of Illinois at Chicago. Her areas of specialization include medical sociology, social studies of science, subcultures, and the sociology of sex and gender. Her research focuses on knowledge gaps in the biomedical sciences and medical education. With colleagues from the University of Illinois at Chicago, she helped develop and assess a transgender standardized patient case for medical students. She is also working to develop LGBT patient cases for pharmacy students at her institution. In addition, she is currently finishing up a book-length manuscript on the history of clinical research with psychedelic drugs. Her work has appeared in *Gender & Society*, *MedEd Portal*, *PsycCRITIQUES*, and *Sociology Compass*.



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Dr. Sandra Gold is the co-founder of the Arnold P. Gold Foundation, a public charity which promotes humanistic, patient centered & collaborative healthcare practice. Through her 25 year stewardship, the Gold Foundation became an internationally known leader in creating innovative medical education programs and advocating for caring hospital communities.

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 Guild 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 late husband, Dr. Arnold Gold, 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.

Dr. Gold is the mother of 5 children and a devoted grandmother to her 13 grandchildren.



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Neda Gould PhD is a clinical psychologist and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine. She is Director of the Mindfulness Program at Johns Hopkins, and Associate Director of the Johns Hopkins Bayview Anxiety Clinic. She is a certified Mindfulness-Based Stress Reduction (MBSR) teacher through the UCSD Center for Mindfulness, the highest level of certification available for this intervention. She became involved in mindfulness meditation as a post-doctoral fellow at Johns Hopkins where she implemented a mindfulness-based protocol for burn patients. Since then, her work has focused on mindfulness research and clinical endeavors including involvement in a systematic review and meta-analysis (Meditation Programs for Psychological Stress and Wellbeing published in JAMA Internal Medicine), serving as the interventionist for a randomized control trial of MBSR on patients with migraines, and developing mindfulness programs for faculty and staff at Johns Hopkins.



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Frederic W. Hafferty is Professor of Medical Education, Associate Director of the Program for Professionalism & Values, and Associate Dean for Professionalism, College of Medicine 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. He currently sits on the American Board of Medical Specialties Standing Committee on Ethics and Professionalism and the editorial board of Academic Medicine. 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.



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Dr. Judith A. Hall is University Distinguished Professor of Psychology at Northeastern University in Boston, MA. She has interests in nonverbal communication processes and in quality physician patient communication and has published numerous meta-analyses on these topics. She has been editor in chief of *Patient Education and Counseling* and the *Journal of Nonverbal Behavior*, and is currently an associate editor at that journal. Dr Hall has been an author or editor of books on nonverbal behavior, interpersonal accuracy, and physician patient communication. She received her PhD in Social Psychology from Harvard University (1976) and has held positions at the Johns Hopkins University and the Harvard School of Public Health. She received the Career Contribution Award from the Society for Personality and Social Psychology in 2017. She has been at Northeastern University since 1986.



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Laura E. Hirshfield is an Assistant Professor in Medical Education at the University of Illinois at Chicago and a Faculty Affiliate in Sociology. Laura received her PhD in Sociology from the University of Michigan and was previously a Visiting Assistant Professor of Sociology at the New College of Florida. A sociologist by training, Laura is interested in (and has studied) social interaction, identity, education, science, work/organizations, and medicine. Her research centers on gender and other forms of inequality in academic and clinical settings, particularly in the natural sciences and medicine. One key focus is on what she calls “hidden labor,” or workplace responsibilities that are necessary, but undervalued and viewed as peripheral, undertaken by and expected of minorities in the workplace. More recently, Laura’s work has focused on cultural competence in medical contexts (particularly as it relates to trans patients), as well as emotional socialization in medical school.



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Andrew Johnson has been a mental health and addictions professional since 1997. Currently he works within CAMH Education as Manager, Patient and Family Education and CAMH Publications. In that leadership role, Andrew collaborates with a team of digital developers, publications professionals, librarians, researchers, clinicians and others to create mental health and addictions related information, mHealth interventions and other knowledge products. The aim of that work is to meet the information, access and educational needs of our patients, their families, students, clinicians and other targeted groups. Committed to co-creation as a strategy for developing consumer health information and other products, Andrew has collaborated on numerous projects, including the development of Thought Spot (mythoughtspot.ca), a digital platform created by and for students that supports their peers in the Greater Toronto Area to find and access mental health-, addictions- and wellness-related services.



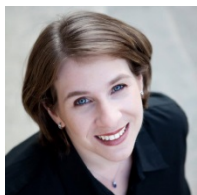
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Aubrie-Ann Jones is a writer and Narrative Medicine instructor with a background in anthropology. She has designed and led courses for students and doctors at NYU Medical Center and Columbia University College of Physicians and Surgeons, and participated in research on resiliency and reflective practice.



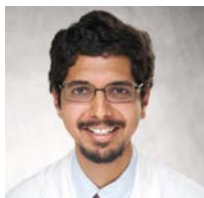
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Gregory Kane is currently an Operations Manager at Boston University School of Public Health. He has experience in quality improvement at a large academic medical center and business development at a startup health nonprofit. He is passionate about improving quality and safety in healthcare and seeks to promote accessible, acceptable, high quality and cost-efficient health care for all through research and practice. Gregory holds a Bachelor of Science in Biochemistry from Boston College and a Master of Public Health from Boston University School of Public Health.



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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 healthcare and maintaining the Foundation's website, blog and social media.



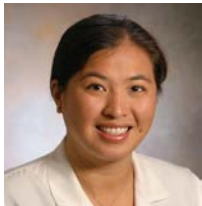
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Bharat Kumar is an Assistant Professor of Internal Medicine at the University of Iowa. He recently finished a dual Allergy/Immunology and Rheumatology fellowship at the University of Iowa, and, before that, completed Internal Medicine residency at the University of Kentucky. He has an interest in medical education, healthcare journalism, advocacy, and leadership. When he is not in the clinic, he enjoys reading, writing, as well as spending time with his wife, baby daughter and two Shetland Sheepdogs.



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Marleen Kunneman, PhD, is an Assistant Professor of Medicine and Research Associate at the Knowledge and Evaluation Research Unit, Mayo Clinic (Rochester, MN), and at the department of Medical Decision Making, Leiden University Medical Center (the Netherlands). She has a background in clinical linguistics and medical decision making. Dr. Kunneman has a special interest in patient-clinician conversations, the concept and occurrence of shared decision making (SDM), the mechanical versus human approach of SDM, choice awareness and minimally disruptive research. She leads the FROST program, which focuses on care(ful) decision making. Next to her work as a researcher, Dr. Kunneman teaches (risk) communication and medical decision making to medical students, residents and clinicians. She also provides classes on how to conduct SDM studies and measure SDM. She developed an (online) introductory distance course on minimally disruptive medicine and shared decision making and is director of the Mayo Clinic SDM working group.



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Dr. Lee is the Assistant Dean of Students at the Pritzker School of Medicine and an Assistant Professor of Medicine. She earned her medical degree from New York University School of Medicine and a Masters of Public Health from the Harvard School of Public Health. She completed her residency in Internal Medicine at New York Presbyterian Hospital-Weill Cornell, where she served as an ambulatory chief resident. At the Pritzker School of Medicine, she directs the wellness initiative and free clinic experiences and serves as a career advisor. Dr. Lee's academic interests focus on developing curricula to improve the quality of patient-doctor communication and patient-centered outcomes.



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Tiffany I. Leung, MD, MPH, FACP is a U.S.-trained Internal Medicine physician and Assistant Professor at Maastricht University in the Netherlands. Dr. Leung is dual board certified in the U.S. in Internal Medicine and Clinical Informatics. Currently, she is a clinical informatician on value-based health care initiatives at Maastricht University Medical Center. Her expertise is population health management, including designing and implementing tools that facilitate day-to-day population health care. Recently, she presented at an international informatics conference about the need for humanistic health information technologies. Dr. Leung also remains an active early career physician member of the American College of Physicians, engaging in initiatives for women physicians™ wellness. Finally, she is a co-grantee of an Arnold P. Gold Foundation MTL grant to map the landscape of research on physician suicide. Dr. Leung is learning Dutch in order to apply for a medical license in the Netherlands.



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Across his career of more than forty years, Richard I. Levin, MD has studied the heart as both the instrument of blood flow and the metaphorical source of our humanity. For the past five years, he has served as President and CEO of The Arnold P. Gold Foundation and has been dedicated to supporting health professionals in training and in practice while advocating for compassionate, collaborative, scientifically excellent care. Prior to joining the Foundation, Levin served as Dean of the Faculty of Medicine and Vice-Principal for Health Affairs at McGill from 2006 to 2011. Dr. Levin is Emeritus Professor of Medicine at both McGill University in Montreal and at New York University where he was also Vice Dean for Education, Faculty and Academic Affairs. He also served a year as Senior Scholar in Residence at the Association for Academic Health Centers in Washington, DC.



Marsha Levine, PhD
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Marsha has served on the Arnold P. Gold Foundation Board of Trustees for the past 10 years, and chaired the Board Program Committee. Her background is in education policy, research and evaluation with a focus on the preparation of professional practitioners. Marsha's interest and experience extend beyond the nature and characteristics of such practice and include the culture and environment that support it.



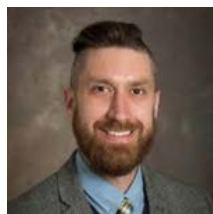
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Áine is a sociologist that teaches at the School of General Education at Purdue University Global with a research interest in medical sociology. She received her BA in Anthropology and International Affairs at Northeastern University, and her MA in Irish Studies and PhD in Sociology at the National University of Ireland, Galway. Áine also holds a research position in the Empathy and Relational Science Program at Massachusetts General (MGH) where she provides qualitative research support. She has published articles on culture, empathy, and healthcare, as well as gender and the media, and religion, neo-secularization and small group organization. She lives in Marblehead, MA with her husband and three children. In her spare time she enjoys making fresh pasta, running, and listening to Neil deGrasse Tyson's Star Talk podcast.



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Suzana Makowski is Associate Professor of Medicine at UMass Medical School, Chief of Palliative Care at Exeter Hospital, and a fellowship trained, board certified palliative care physician and internist. She is recipient of a Leonard Tow Humanism in Medicine Award. A graduate of University of Rochester School of Medicine, she completed her residency at Baystate Medical Center, an integrative medicine fellowship at University of Michigan, her palliative care fellowship at San Diego Hospice & Palliative Care, and teacher training at the Center for Mindfulness. Finding innovative and creative ways to enhance communication between patients and physicians has always been one of her interests.



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Dr. Barret Michalec is an Associate Professor in the Department of Sociology and the Associate Dean of Interprofessional Education. He also holds an Adjunct Research Assistant Professor position within the Department of Family and Community Medicine at the Sidney Kimmel Medical College of Thomas Jefferson University. Dr. Michalec earned his PhD in sociology from Emory University in 2000. His research primarily explores: a) the socialization and professionalization processes associated with health professions training and education, b) race and gender-based disparities in health and healthcare, and c) patient experience and interactions in healthcare settings.



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Rebecca Minehart is the MGH Operating Rooms Simulation Officer and the Associate Director of the Center for Medical Simulation's Anesthesia Crisis Resource Management courses. I have been involved in grant-funded empiric research investigating (through Foundation for Anesthesia Education and Research, or FAER) on improving attending anesthesiologist's ability to give high-quality feedback in simulated settings, for which I received the Partners Medical Education Research Award for 2014. The educational intervention fostered more meaningful feedback conversations between faculty and a simulated resident, through supporting the faculty members to overcome discomfort of speaking about professionalism problems. Rebecca has spoken and given interactive workshops internationally on feedback, the promotion of speaking-up behaviors, team communication and behaviors, and issues related to obstetric anesthesia. Rebecca has created multiple interprofessional operating room team simulation courses which continue to be conducted at Massachusetts General Hospital, during which speaking-up features as a prominent focus for debriefing.



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Ranit Mishori, MD, MHS, FAAFP is Professor of family medicine at Georgetown University. She practices full-spectrum family medicine, is an attending physician at Georgetown University Providence Hospital Family Medicine Residency Program and a full-time faculty member at Georgetown's School of Medicine, where she leads the Department of Family Medicine's global health initiatives. She has worked abroad extensively over the past three decades as a journalist, educator and physician. Dr. Mishori is also director of the Georgetown's practice-based research network (PBRN) CAPCRICORN, and leads the departments Health & Media and Health Policy fellowship programs. Her main areas of interest are health and human rights and the care of vulnerable populations, particularly immigrants, refugees and asylum seekers. She has created curricula, given talks and presentations nationally and internationally, written articles and conducted research on topics related to asylum and refugee care, human trafficking, female-genital mutilation, torture, and human rights in medical education.



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Tracy Moniz is an Assistant Professor of Communication Studies at Mount Saint Vincent University in Nova Scotia, Canada. She holds a PhD in Communication and Culture from York and Ryerson Universities, a Master of Arts degree in journalism from Western University, and an Honours Bachelor of Arts degree in English Literature from the University of Toronto. Her research interests include medical humanities, writing practice and pedagogy, and health communication. Broadly, she is interested in ways of knowing that challenge traditional paradigms. Her research focuses on stories and storytellers and understanding how a sense of story enables people to make meaning of their experiences and those of others. She currently explores the role of reflective writing in medical education and practice. She is interested in the use of reflective writing in developing identity, in understanding experiences of care from multiple perspectives, and in supporting an empathetic and humanistic approach to care.



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Victor M. Montori, MD is a Professor of Medicine at Mayo Clinic. An endocrinologist and health services researcher, Dr. Montori is the author of over 590 publications and is among the top 1% of most cited researchers in the last decade. He serves a Senior Advisor at the Agency for Healthcare Research and Quality, as board member at Academy Health, as member of the Editorial Advisory Board for the BMJ, and as Director of Late Stage Translational Research at the Mayo Center for Clinical and Translational Science. He is a recognized expert in evidence-based medicine and shared decision making, and developer of the concept of minimally disruptive medicine. He is founder and chair of the board of The Patient Revolution, a nonprofit focused on replacing industrial healthcare with careful and kind care for all, the subject of his book *Why We Revolt*.



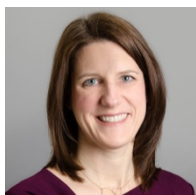
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Dr. Katherine Moreau is an Assistant Professor in the Faculty of Education (Health Professions Education) at the University of Ottawa, Canada. She is also an Affiliate Investigator at the Children's Hospital of Eastern Ontario Research Institute and a Senior Researcher with the Centre for Research on Educational and Community Services at the University of Ottawa. Her research focuses on pediatric patient and parent engagement in medical education and program evaluation.



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Jacqueline Nichols is an MD candidate at The University of Chicago Pritzker School of Medicine. She received a BS in Biology with a second major in Political Science from UNC-Chapel Hill in 2013. Prior to medical school, she worked as a clinical research coordinator for large prospective cohort studies investigating how biological, psychological, and social factors influence a patient's recovery after a traumatic event. She is currently working with Dr. Maria Alkureishi and Dr. Wei Wei Lee on a study aiming to improve the use of patient-centered EMR on communication between patients and providers.



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Dr. Susan Major Orrange is the assistant dean for education and resident services and holds a faculty appointment in the Department of Family Medicine. Dr. Orrange guides residents and faculty in her role as GME ombudsman, directing residents with academic difficulties by sharing resources and techniques for improvement. Additional GME responsibilities include serving as the faculty adviser for UB's Residents' Committee, and overseeing events such as an annual Scholarly Exchange Day research poster session, new resident orientation education sessions, and chief resident orientation. Dr. Orrange is a faculty member in the UB Royal College of Physicians' Clinical Educator Program, providing faculty development on session planning, critical reflection, feedback and unconscious bias. She also organizes and leads Generalist Scholars Program seminars for talented UB students entering primary care specialties. Dr. Orrange's doctoral degree dissertation, completed at the UB Graduate School of Education, focused on engagement and burnout in medical residents.



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David Ozar is Emeritus Professor of Philosophy, Loyola University Chicago (1972-2015). He taught undergraduate health care ethics, designed and directed a Graduate Program in Health Care Ethics (1984-2010), taught in Loyola's School of Medicine (1984-2015) as well as in dentistry, nursing, and law, and directed Loyola's Center for Ethics (1993-2006). His Philosophy PhD is from Yale (1974). Ozar serves on the Institutional Ethics Committee as consulting ethicist for NorthShore University Health System (Evanston IL, 1985 to present). He founded the American Society for Dental Ethics (1987), has served in various offices in the American Society for Bioethics and Humanities, the Association for Practical and Professional Ethics, the Academy for Professionalism in Health Care, and consulted for many other organizations and professional schools. Ozar has published 160 articles and book chapters on health care ethics, professional ethics, ethics education, and professional formation, and published one book, *Dental Ethics at Chairsides*.



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Janet Papadakos is Co-Director of the Cancer Health Literacy Research Centre, Associate Director of the ELLICSR Centre at Princess Margaret Cancer Centre. Janet serves as Provincial Head, Patient Education at Cancer Care Ontario. She completed her PhD in health services research at the University of Toronto, Institute for Health Management, Policy and Evaluation. Over the last twelve years Janet's research and professional program has centered on three main platforms: 1. Health Literacy: Developing interventions to mitigate impact of low health literacy, 2. Self-management: Engaging patient and families to participate in their care and 3. Patient education: Advancing patient and family health knowledge.



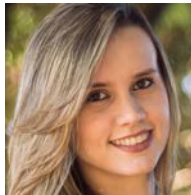
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Matthew is currently a 2nd year resident at Georgetown University- Providence Hospital Family Medicine Residency in Washington, DC where he is working with Dr. Ranit Mishori on a scoping review of the benefits and potential harms of screening social determinants of health. Originally from Omaha, Nebraska, Matthew graduated from University of Nebraska Medical Center in 2016 where he worked with Dr. Charity Evans on a Gold Foundation Mapping The Landscape grant investigating secondary trauma in medical students. His other interests include under-served/under-resourced medicine, medical education, and using technology to enhance clinical practice and educating/empowering patients.



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Dr. Pendharkar is Chief of Hospital Medicine and Medical Director at The Brooklyn Hospital Center and is also Assistant Professor of Medicine in the Icahn School of Medicine. In this role, Dr. Pendharkar is responsible for expanding the Division of Hospital Medicine and ensuring that patient safety and high quality care are delivered to each patient. Dr. Pendharkar has a passion for Quality Improvement and Patient Safety and has led numerous efforts to this end and previously served as Director of Quality for the Mt. Sinai St. Luke's Division of Hospital Medicine. Dr. Pendharkar is active in the American College of Physicians where she has been an advocate for physician wellness efforts. She is also passionate about health innovations and is leading efforts to promote patient engagement through better patient communications. In her spare time, Dr. Pendharkar enjoys being in the outdoors and immersing herself in the arts.



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Karina Pereira-Lima is a PhD candidate in Mental Health at the University of São Paulo, a research scholar at the University of Michigan, and a clinical psychologist who has performed research on health professionals' education and mental health. Her specific interests include both depressive and stress-related disorders among resident physicians, as well as residency program characteristics associated with the development of these problems among these professionals. In the 2018 Mapping the Landscape Symposium, she will be presenting the results of a meta-analysis entitled Medical errors associated with physician burnout and depressive symptoms: A systematic review and meta-analysis.



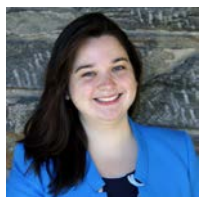
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Margot Phillips is an adult psychiatrist with a sub-specialty in medical psychiatry. She has been involved in empathy research at MGH since 2009. She is now the Assistant Director of the MGH Empathy and Relational Science Program. She has co-authored several research papers on empathy, including "Empathy Training for Resident Physicians: A Randomized Control Trial of a Neuroscience-Informed Curriculum," and other Gold Foundation sponsored projects such as "Culture and Nonverbal Expressions of Empathy in Clinical Settings: A Systematic Review." She is currently working on two projects on organ donation with the ESRP team as part of the Gold Foundation MTL research community.



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Dr. Charles Pohl, a professor of pediatrics at the Sidney Kimmel Medical College (formerly known as Jefferson Medical College) of Thomas Jefferson University and a fellow of the American Academy of Pediatrics, completed his pediatric specialty training at the Children's Hospital of Pittsburgh after earning his medical degree at Jefferson Medical College (Philadelphia, PA). After completing an additional year as a pediatric chief resident, he pursued a career in academic pediatric care, which has been based primarily at Nemours/Alfred I. duPont Hospital for Children and Thomas Jefferson University Hospital. In his role as the Associate Provost of Student Affairs and Senior Associate Dean for Student Affairs and Career Counseling at Thomas Jefferson University, Dr. Pohl oversees all student life and engagement activities on campus as well as provides academic, personal, and career counseling for over 3,700 students. He has been instrumental in other program development for the medical college and university, including international medical educational exchange programs for students and residents, the initiation of the student-faculty mentor program, and the implementation of the Student Personal Counseling Center and the medical college's learning societies. His commitment to professionalism and humanism in the practice of medicine is reflected by his implementation and oversight of the Jefferson chapter of the Gold Humanism Honorary Society (GHHS), his position as chair of the national GHHS Advisory Council and his development of the Applied Arts Program in conjunction with the Pennsylvania Academy of Fine Arts. He also brings a perspective to medical education from his interest and experience in general pediatrics, pediatric apnea and sleep medicine and medical professionalism. This has resulted in numerous national presentations, peer-reviewed publications and a book on medical professionalism. His impact on medical education, pediatrics and medicine has been lauded by his induction to the Alpha Omega Alpha Medical Honor Society and the College of Physicians of Philadelphia, as well as by numerous teaching awards and accolades. In addition, he has been a valued mentor to countless students, residents and faculty over the years and is currently serving on the national Group of Student Affairs (GSA) Committee on Student Affairs for the Association of American Medical Colleges (AAMC).



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As the Research Institute intern, Elizabeth Reilly manages the Gold Foundation's Twitter account and has enjoyed learning about humanism and medicine. She is currently a student at Simmons School of Library and Information Science in Boston, pursuing a dual MLIS/MA degree in archives and history. She graduated from Bryn Mawr College in 2014 with a BA in History and is originally from the Philadelphia area.



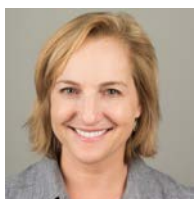
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Helen Riess, MD, is Director of the Empathy and Relational Science Program in the Department of Psychiatry at Massachusetts General Hospital and Associate Clinical Professor of Psychiatry at Harvard Medical School. Her research team at MGH conducts 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.



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Annie Robinson is the Wellness Program Facilitator at New York University's School of Medicine, where she promotes physician wellbeing and conducts resilience research. After earning a Master of Science in Narrative Medicine from Columbia University in 2014, Annie began teaching reflection, resilience, and wellbeing to doctors, medical students, residents, and other healthcare professionals. She also has a private practice as a wellness coach. Annie curated the podcast Inside Stories: Medical Student Experience from 2012-2014, and currently co-curates the medical professionals podcast Thriving in Scrubs.



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Dr. Laura Rock attended Carleton College and Columbia College of Physicians and Surgeons, completed her residency training at Stanford University and her Pulmonary and Critical Care fellowship at Boston University Medical Center. She is a pulmonologist and intensivist, Director of Communication and Teamwork for critical care at BIDMC, serves as core faculty for the Center for Medical Simulation and is a VitalTalk instructor. Dr. Rock has extensive experience in communication skills training, simulation based medical education, feedback and debriefing and teaches faculty development courses in these areas. She frequently leads presentations and workshops on trust, communication practices to promote leadership and culture change and is researching how emotions influence work. When not teaching or seeing patients in the ICU, Dr. Rock loves to spend time with her family and hike, ski, mountain bike, surf and sing.



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Paula Rowland is a Scientist with the Wilson Centre at University of Toronto. As part of University of Toronto's Post MD Program in the Faculty of Medicine, Paula's research program informs questions of learning in post graduate medicine and in continuous professional development. Having earned a PhD in Organizational Studies in 2013, Paula is particularly interested in clinical workplaces as sites of both learning and care. She has two streams of research: (1) patient engagement for quality improvement and (2) organizational change efforts related to patient safety. What is common across these two streams is an intentional effort to create organizations that are the best places to both give and receive care.



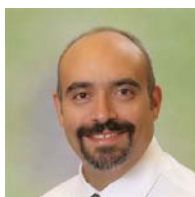
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Dr. Arthur H. Rubenstein is Professor, Department of Medicine, Division of Endocrinology at the Perelman School of Medicine at the University of Pennsylvania. Previously, he was the Executive Vice President for the Health System and Dean of the Perelman School of Medicine from September 2001 to July 2011. Before joining Penn, he served as Dean of Mount Sinai School of Medicine. Earlier, he was Chairman of the Department of Medicine at the University of Chicago Pritzker School of Medicine. Dr. Rubenstein is an internationally-prominent endocrinologist recognized for clinical expertise and groundbreaking research in diabetes. Author of more than 350 publications, he is the recipient of many awards and prizes, including the highest honor of the Association of American Physicians (AAP), the George M. Kober Medal and the prestigious Abraham Flexner Award for Distinguished Service to Medical Education from the Association of American Medical College.



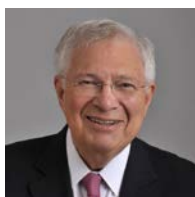
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Dr. Rudy is Professor of Medicine in the Division of General Internal Medicine at the University of Kentucky. He went to medical school, did a residency in Internal Medical and a fellowship in Nephrology at The Virginia Commonwealth University College of Medicine. He also completed a fellowship in Clinical Pharmacology at Indiana University. Following several years of doing clinical research, he changed his interest to General Medicine and Medical Education. He has received training in Medical Education, Medical Education Research, and teaching Health Care Communication. He currently practices Ambulatory Primary Care, is a course co-director for several course, and teaches in several courses including Introduction to Clinical Medicine Courses. This includes communication and interviewing, medical ethics, medical humanities, physical examination, and interprofessional education.



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Brian Schwartz, PhD, MLIS, is the Director of the Frank Ritchel Ames Memorial Library and an Associate Professor of Medical Humanities at Rocky Vista University. Dr. Schwartz earned his Master's in Library and Information Science from the University of Denver, and PhD in Information Management from Emporia State University. His research interests include evidence-based medicine, medical education, health literacy, and the ways in which those three topics intersect.



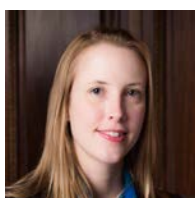
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Mark Siegler, MD, MACP, is the Lindy Bergman Distinguished Service Professor of Medicine and Surgery at the University of Chicago, Founding Director of the University of Chicago's MacLean Center for Clinical Medical Ethics and Founding Executive Director of the Bucksbaum Institute for Clinical Excellence. Dr. Siegler has practiced and taught internal medicine for more than forty-five years. He has published more than 200 journal articles, 50 book chapters and five books. His textbook, co-authored with Al Jonsen and William Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*, 8th Edition (2015), has been translated into nine languages and is widely used by physicians and health professionals around the world. Dr Siegler's most recent book is *Clinical Medical Ethics: Landmark Works of Mark Siegler* that was published by Springer in 2017.



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Lisa Simon DMD is a dentist, medical student, and Fellow in Oral Health and Medicine Integration at the Harvard School of Dental Medicine. After graduating magna cum laude from Yale University in 2010, she received her dental degree with honors in global and community health from the Harvard School of Dental Medicine in 2014. In 2015, she joined the faculty after completing a community health center-based dental residency. Dr. Simon has been honored with numerous awards for her dedication to the underserved, including from American Association of Public Health, the American Association of Women Dentists, and the Association for Prevention Teaching and Research. Her writing and research about the separation of dentistry and medicine have been published in the *Journal of the American Medical Association*, *New England Journal of Medicine*, and *American Journal of Public Health*. To further reunite oral health and medicine, Dr. Simon joined the class of 2020.



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Chloe Slocum, MD, MPH serves as a spinal cord injury physician at Spaulding Rehabilitation Hospital and as the Associate Director of Quality for Spaulding Rehabilitation Network and Health Policy Director for the Harvard Medical School Department of Physical Medicine and Rehabilitation (PM&R). She completed medical school at Columbia University College of Physicians & Surgeons in 2011 and her residency in PM&R at Harvard Medical School/Spaulding Rehabilitation Hospital in 2015, where she also served as Chief Resident. She finished her fellowship training in spinal cord injury medicine with Harvard Medical School/Spaulding Rehabilitation Hospital/Boston VA and is Board Certified in PM&R and Spinal Cord Injury Medicine. In 2016, Dr. Slocum was selected as one of four candidates nationally to obtain extensive health policy and leadership training with the Commonwealth Fund Mongan Fellowship in Minority Health Policy at Harvard Medical School, where she focused on health equity for people with disabilities.



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Grant grew up in Knoxville, TN. He attended Duke University, where he earned a B.S. in Psychology with a minor in Biology. He attended Harvard Medical School, where he began developing his interest in palliative care, pursuing research projects at the Dana Farber Cancer Institute. He completed residency in the UC Primary Care program. He is currently a Chief Resident at the Zuckerberg San Francisco General Hospital. He will be a hospice and palliative medicine fellow at UCSF next year.



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Dr. Sophie Soklaridis is an Independent Scientist and Interim Director of Research in Education at the Centre for Addiction and Mental Health and an Assistant Professor, Department of Psychiatry, University of Toronto. She leads two programs of research in client/family education and simulation education in mental health. Her sociological perspective provides important insights into the social and interpersonal dimensions of mental health and clinical practice. Her research interests focus on the inclusion of families in the life of the hospital as advisors, educators and experts through the lens of critical sociology. She is also interested in helping to preparing mental health care professionals to address the needs of an increasingly diverse, complex society and fosters a critical sociological consciousness to ensure that social justice and humanistic care are as important as neuroscientific and pharmacological aspects of care. The themes of relationship-centered care, social justice, co-creation and humanism have guided her.



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Lauge Sokol-Hessner, MD is a Hospitalist and the Associate Director of Inpatient Quality at Beth Israel Deaconess Medical Center (BIDMC), and an Assistant Professor of Medicine and the Site Director for the Fellowship in Patient Safety and Quality at Harvard Medical School. His work includes expanding the definition of preventable harm to include non-physical harms, improving the quality of care for seriously ill patients and those near the end of life in collaboration with the Institute for Healthcare Improvement, and developing high-performing interdisciplinary teams. He completed his medical school and residency at the University of Pennsylvania, worked in medical settings in several southern African settings, and at the University of Washington Medical Center in Seattle, before moving to Boston.



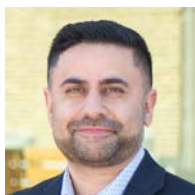
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Shobha Stack, MD, PhD is a Hospitalist at the University of Washington and serves as the Director of Medical Student Scholarship in the UW School of Medicine. Her research focuses on creating a more sustainable environment in medicine by focusing on gender equity and on professional identity formation through the continuum of education. Dr. Stack completed her PhD at UC Berkeley in Fluid Mechanics, and her MD and Internal Medicine residency at Stanford University. Her MPL team explored the professional and personal lives of residents through a scoping review of how parenthood affects the trainee work environment.



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Sandy Sufian, PhD, MPH is Associate Professor of Health Humanities and History in the Department of Medical Education of the College of Medicine at UIC. She is also Associate Professor of Disability Studies in the Department of Disability and Human Development. Her research interests include history of disability and the family, health humanities education, and reproductive health issues for women with chronic illness. Sufian has written two books and is currently working on a third about adoption and disability. She is the co-founder of the Cystic Fibrosis Reproductive and Sexual Health Collaborative and the Disability History Mentorship Program. Sufian has taught health humanities courses to medical students for fifteen years.



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Dr. Javeed Sukhera, is an Assistant Professor of Psychiatry and Paediatrics at the Schulich School of Medicine and Dentistry at Western University in London, Ontario, Canada where he is also the Physician Lead for Child and Adolescent Psychiatry at London Health Sciences Centre. Clinically, he is the consulting psychiatrist with the mental health program, paediatric chronic pain program and transcultural mental health program. He is currently enrolled as a PhD student in Health Professions Education from Maastricht University. His research focuses on implicit bias education, mental illness stigma reduction and consultation-liaison paediatric psychiatry.



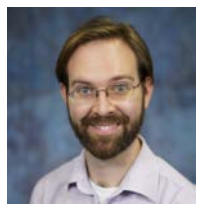
Karen Szauter, MD
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Karen Szauter is an Assistant Dean, Educational Affairs and the Medical Director of the Office of Clinical Simulation. Her interests include clinical skills development and professionalism. She also serves as the co-director of the Internal Medicine Clerkship.



Larissa Thomas, MD, MPH
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Larissa is an Associate Clinical Professor of Medicine at UCSF. She is the Interim Associate Program Director for Inpatient Affairs and directs the UCSF Internal Medicine Residency well-being program. Larissa's interests include medical education and development of physician well-being initiatives, with a focus on trainee well-being. She has received several grants to explore organizational innovations to improve well-being, and is a member of the steering committee of the national Collaborative for Healing and Renewal in Medicine (CHARM), a working group to establish best practice recommendations for physician well-being.



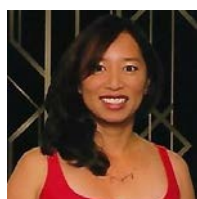
Matthew Tobey, MD, MPH
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Matt Tobey, MD, MPH, completed his residency in internal medicine in the Global Primary Care track at Massachusetts General Hospital and served as a chief resident in 2015-2016. He founded the MGH Fellowship Program in Rural Health Leadership and spends one-quarter time in Rosebud, South Dakota, working as a primary care physician with the Indian Health Service. He currently provides care at a tribal jail in South Dakota and since December 2015 has served as the faculty director of the Crimson Care Collaborative clinic at the Nashua Street Jail, an interdisciplinary clinic that provides medical, dental, mental health, health education, and health insurance enrollment support to individuals during incarceration.



Brit Trogen, MD, MS
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Dr. Brit Trogen is a recent graduate of the NYU School of Medicine. Prior to medical school, Dr. Trogen graduated from the University of Alberta with an honors degree in molecular genetics and earned a masters degree in medical anthropology from Imperial College London. A published children's author with an interest in medical ethics, communication, and health policy, Dr. Trogen is beginning her residency training in pediatrics at NYU.



Lisa Tze-Polo, BSN, RN
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Lisa Tze-Polo has been an advocate for evidence-based nursing practice (EBP) for over 17 years. Her specialties include medical/surgical and oncology nursing. She is a EBP role model for nurses from the bedside to the board room. As the 2004 inaugural Regional Nursing Research Resident, she coordinated a multisite pain management research study. Besides her active role on the Kaiser Permanente Woodland Hills Nursing Practice Council, Lisa has provided periodic program support to the Southern California Regional Nursing Research Program. She participated in the design and implementation of a research study examining the EBP readiness of registered nurses. Lisa has authored a literature review and is co-author on 3 integrative reviews. She was instrumental in the design, implementation, and evaluation of 3 EBP projects that led to practice changes and improved patient outcomes. Lisa's vision is to visibly demonstrate that frontline staff can translate research into humane patient care.



Kelly Underman, PhD
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Kelly Underman received her PhD in Sociology from the University of Illinois at Chicago. She was a Postdoctoral Research Associate in the Department of Medical Education at the University of Illinois at Chicago College of Medicine prior to joining the faculty at Drexel. She is a qualitative researcher whose interests include medical education, the social construction of bodies and emotions, and the politics of scientific knowledge production. Her work has been published in *Social Science & Medicine*, *Gender & Society* and *Sociological Forum*. Her awards include the Simmons Outstanding Dissertation Award from the American Sociological Association Medical Sociology Section.



Rebecca Volpe, PhD
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Dr. Volpe is an Assistant Professor and Vice Chair for Education in the Department of Humanities at Penn State College of Medicine, and Director of the Clinical Ethics Consultation Service at Milton S. Hershey Medical Center. Dr. Volpe received her doctoral degree in health care ethics from Saint Louis University, and completed a fellowship in clinical ethics at California Pacific Medical Center's Program in Medicine and Human Values. Her empirical research pursuits focus on better understanding the nature and outcomes of medical humanities curriculum in schools of medicine.



Eisha Wali, MD
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Eisha Wali is a third-year internal medicine resident at the University of Chicago with a strong interest in medical education. She attended medical school at Case Western Reserve University. She and her team recently published a systematic literature review detailing the role of simulation in GME professionalism training; this work was funded by the Arnold P. Gold Foundation and presented at the 2015 Mapping the Landscape Symposium. They are interested in utilizing simulation to teach and assess specific aspects of professionalism.



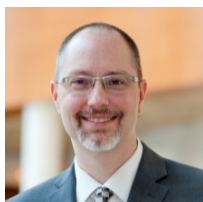
Anne Leonpacher Walsh, MD
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Anne Leonpacher Walsh is originally from Lafayette, Louisiana. After attending college at Loyola New Orleans and medical school at Johns Hopkins, she continued in psychiatry residency at the Johns Hopkins Hospital, where she is now a PGY-4 and chief resident. Dr. Walsh has co-authored papers on innovations in medical education and has presented on this topic at national meetings. In 2017 she was recognized as an American College of Psychiatrists' Laughlin Fellow and received the Residents' Psychiatric Educator Award from the Association of Academic Psychiatry. In 2018 she will receive the American Association of Directors of Psychiatric Residency Training Ginsberg Fellowship Award in recognition of her accomplishments in education. Dr. Walsh's Gold Foundation team is conducting a systematic review of interventions to prevent burnout in medical students and residents. After residency she is planning a career in academic leadership and hopes to focus clinically on schizophrenia and emergency psychiatry.



Kirsti Weng Elder, MD, MPH
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Kirsti Weng Elder, MD MPH is an Associate Professor of Medicine at Stanford University, Medical Director of Express Care Clinics and Utilization Director for Primary Care. She is additionally affiliated faculty for Educators 4 Care. Dr. Weng Elder is a Wellness Champion with emphasis on mindfulness self-compassion. She is a quality improvement trained leader who looks for improvements that move medical communities toward the quadruple aim.



Colin West, MD, PhD
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Originally from Seattle, Dr. West received his MD and PhD in Biostatistics from the University of Iowa in 1999. He completed residency and chief residency in internal medicine at Mayo Clinic, 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.



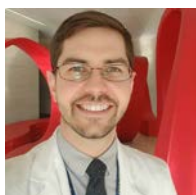
Rachel Williams, BA
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Rachael E. Williams is the senior clinical research coordinator for the Crimson Care Collaborative, a network of seven student-faculty collaborative clinics across Harvard Medical School teaching hospitals that focuses on increasing the primary care pipeline for health professions students. Her interests include health disparities research on vulnerable and low-income patient populations, as well as the integration of interprofessional education into the clinical setting. Williams received her BA from Dartmouth College.



Abigail Winkel, MD, MHPE, FACOG
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Abigail Ford Winkel, MD, MHPE, FACOG is Vice Chair for Education and Residency Director in the Department of Obstetrics & Gynecology at New York University Langone Health, and general obstetrician-gynecologist at Bellevue Hospital Center. Her academic work builds on a background in English Literature and Narrative Medicine and focuses on the ways that educational programs can help promote humanism and resilience among physicians in training. She is the chair of the CREOG/APGO joint task force on Physician Wellness, and is engaged in creating curricula to promote wellness in OBGYN physicians. With the support of the Mapping the Landscape Advocacy Grant, she is working to develop the “Thriving in Scrubs” podcast in order to sharing stories of developing as caregivers to a larger audience to contribute to a culture that embraces the human experiences of physicians to promote humanistic care of patients.



Jeffery Zabinski, MD
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Jeffrey Zabinski is a PGY-3 resident in psychiatry at Johns Hopkins Hospital. He attended Case Western Reserve University for an bachelor's degree in engineering and master's degrees in social work and bioethics. He then went to medical school at Boonshoft School of Medicine at Wright State University. Interests include medical education, the interface between medicine and psychiatry, professionalism, and physician burnout.



Hema Zbogar, BSc
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Hema Zbogar is an editor and writer at the Centre for Addiction and Mental Health in Toronto, Canada, where she started out as a magazine editor. Before that, she was a copy editor in the journals division of the University of Toronto Press. She has a BSc in psychology and sociology from the University of Toronto, and diplomas in book publishing and journalism from Ryerson University.

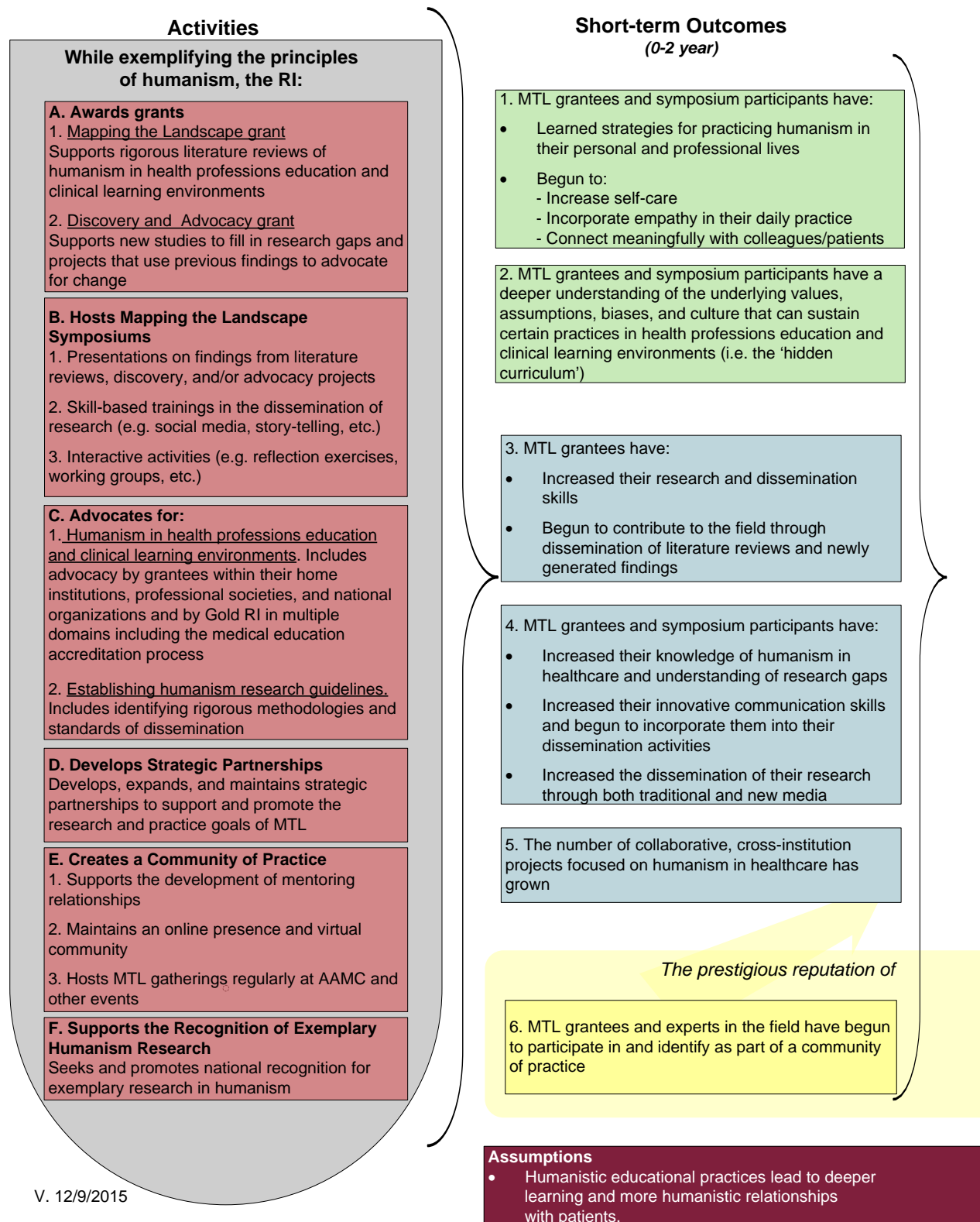


Audrey Zhang, AB
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Audrey Zhang is a medical student and a Rudin Fellow in Medical Ethics & Humanities at NYU School of Medicine. She graduated from Harvard College in 2015 with a degree in History of Science, writing her thesis on concepts of therapeutic value in FDA drug regulation. Her research focuses on the translation of clinical research into practice, including evidence generation for new therapeutics, adoption into the standard of care, and incorporation in medical education.

MAPPING THE LANDSCAPE LOGIC MODEL

MAPPING THE LANDSCAPE LOGIC MODEL



Intermediate-term Outcomes (2-5 years)

7. Healthcare trainees and professionals have:

- Increased their practice of self-care and empathy
- Established stronger connections with peers and patients

8. Healthcare trainees and professionals begin to notice and address instances where the 'hidden curriculum' contributes to a negative training/workplace environment

9. Standards on humanism-focused research projects have been raised (i.e. more rigorous methodology is used)

10. More high quality research on the positive outcomes associated with humanism in healthcare is published in high impact journals

11. Strategies for increasing or sustaining humanism are implemented within and beyond MTL grantees' home institutions

12. An increased awareness of the value of humanism in healthcare extends beyond MTL grantees and symposium participants to other stakeholders

13. More effective curricula are designed and implemented that promote humanism and more methods are developed and used that assess humanistic practices

14. An increasing array of healthcare institutions and health professions schools:

- Provide wellness resources for health professionals and trainees
- Begin to integrate the principles of humanism throughout their organization

the Mapping the Landscape, Journeying Together community of trainees and experts propels model forward

15. Ongoing engagement in, dissemination about, and advocacy for the creation of positive humanistic change in healthcare environments solidifies the MTL as a community of practice

Long-term Outcomes (5-10 years)

16. Healthcare trainees and professionals regularly engage in the creation of and experience a positive, humanistic academic and work environment

17. Accrediting bodies include a humanism component as a requirement for health professions education instruction

18. Healthcare institutions and health professions schools have made significant organizational changes that reduce workplace stressors and promote self-care

19. Humanism is deeply integrated into the culture, mission, and vision of healthcare institutions and health professions schools

20. Among healthcare academics and practitioners there is a deeper understanding of 'state of the art' humanism research, including research design and findings

21. The MTL community of practice is recognized as an influential leader in creating positive change in the field of healthcare

Impact (10 years)

22. Research on humanism has been legitimized and is viewed as a science with widely accepted methods and standards of production

23. MTL research has contributed to a national understanding of the value of humanism and a body of evidence that informs healthcare policy

The work of Mapping the Landscape, Journeying Together contributes to:

24. Healthy healthcare trainees and professionals finding joy and meaning in their work, across the career spectrum

25. Healthcare trainees and professionals communicating and interacting in caring and compassionate ways

26. The development of micro and macro systems in health professions schools and healthcare institutions that support humanistic training and care

27. A positive/affirming culture within healthcare and health professions education

- Outcomes related to individual level goals
- Outcomes related to systems level goals
- Outcomes related to organizational level goals

- When humanism is embedded within a system of technically/scientifically excellent practice, it leads to better patient care.

To be of use

The people I love the best
jump into work head first
without dallying in the shallows
and swim off with sure strokes almost out of sight.
They seem to become natives of that element,
the black sleek heads of seals
bouncing like half-submerged balls.

I love people who harness themselves, an ox to a heavy cart,
who pull like water buffalo, with massive patience,
who strain in the mud and the muck to move things forward,
who do what has to be done, again and again.

I want to be with people who submerge
in the task, who go into the fields to harvest
and work in a row and pass the bags along,
who are not parlor generals and field deserters
but move in a common rhythm
when the food must come in or the fire be put out.

The work of the world is common as mud.
Botched, it smears the hands, crumbles to dust.
But the thing worth doing well done
has a shape that satisfies, clean and evident.
Greek amphoras for wine or oil,
Hopi vases that held corn, are put in museums
but you know they were made to be used.
The pitcher cries for water to carry
and a person for work that is real.

-Marge Piercy